

# Chemist & Druggist

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APRIL 9 1977

THE NEWSWEEKLY FOR PHARMACY

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Cash flow  
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Toiletries:  
'Independent  
chemists are  
expensive'

# On TV in 1977

## The two hair success stories of 1976

20%  
BRAND  
SHARE

ON TV  
NOW



10%\*\*  
BRAND  
SHARE

# No1

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# No2

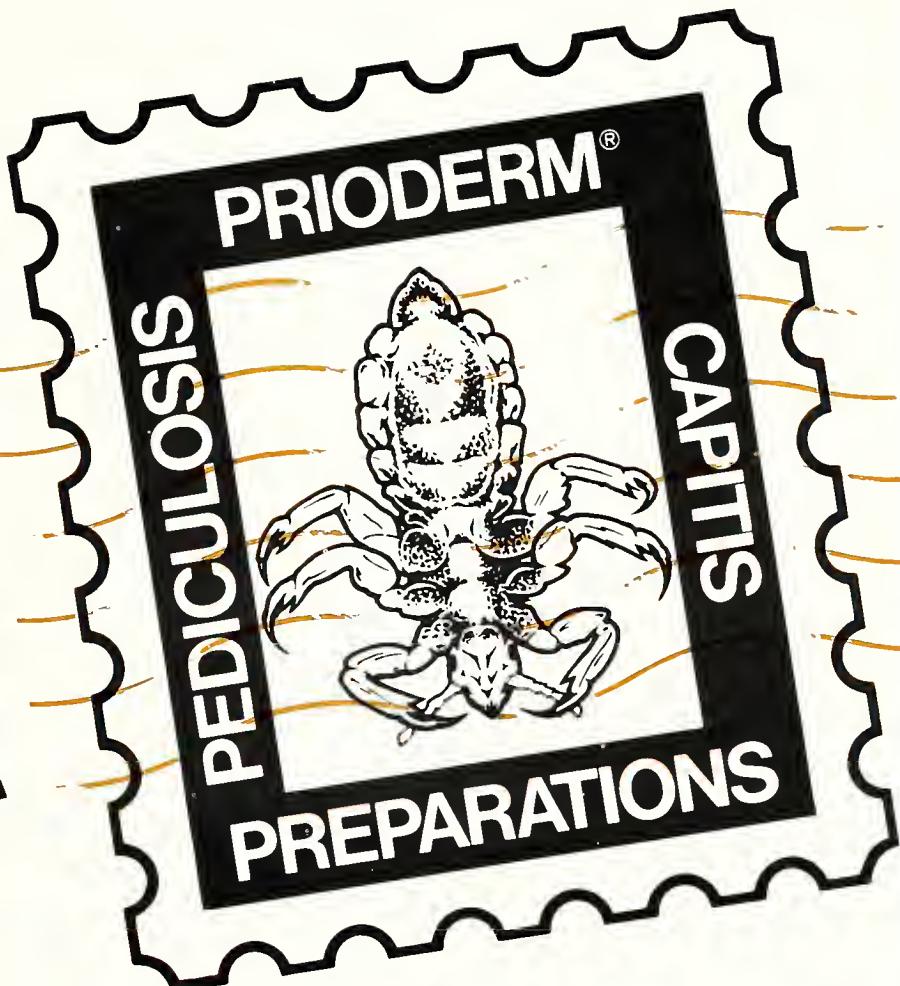
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# Chemist & Druggist

The newsweekly for pharmacy

9 April 1977 Vol. 207 No. 5061

118th year of publication

ISSN 0009-3033

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## Contents

Comment □ Prices power	483
"Which?" finds independent chemists' toiletries expensive	484
Department told of chemists' cash-flow problems	484
Fifteen candidates nominated for PSGB Council	485
Call for better monitoring of new drugs	486
The Xrayser Column: Responsibility	489
PERSONAL HYGIENE: Special Section	495
Pharmaceutical Society of Ireland Council meeting	506
Tributes at PSNI annual dinner to new Fellows	509
Diagnosis and therapy: Anaemia	510
Victorian medicine chest among sale items	513
Glaxo report continued growth in demand	515
Appointments 515	News in Brief 489
Coming Events 516	On TV Next Week 490
Company News 515	People 489
Equipment 490	Prescription Specialities 490
Letters 514	Trade News 493
Market News 516	Westminster Report 486
New Products 490	Classified Advertisements 517

**Published Saturdays by Benn Publications Ltd**  
25 New Street Square, London EC4A 3JA (01 353 3212)

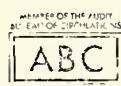
**Editorial and Advertisement Offices**  
25 New Street Square, London EC4A 3JA (01 353 3212)  
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West Country and South Wales 10 Badminton Road, Downend, Bristol BS16 6BQ 0272 564827

**Subscription Department** 125 High Street, Colliers Wood, London SW19 2JN. Telephone 01 542 8575

**Subscription** Home £22 per annum. Overseas £24 per annum. 50p per copy (postage extra)



# Comment

## Prices power

Among the proposals in the Price Commission Bill (see p484) the Government has included several provisions that were not covered by the consultative document. One of these gives the Secretary for Prices and Consumer Protection power to require retail prices and charges for services to be displayed; it also gives powers to prohibit undesirable methods of displaying prices and charges.

This is in line with the trend towards more "open" methods of trading. Much publicity has been given to the advertising of petrol prices, for example, in which progress towards a more straightforward statement of price has been delayed, it is reported, because one major supplier is reluctant to co-operate.

So instead of voluntary codes of practice (such as are currently being promoted by the Office of Fair Trading) retailers may be faced with legislation—and all the inflexibility of approach that that entails.

Certainly the consumer needs protection from some of the excesses of price promotion (so, often, does the retailer), but we must hope that the proposed power to prohibit the advertising of recommended prices in particular sectors will be little used. Pharmacy already has experience of the problems this can cause, in the sanitary protection market.

But the Government has also shown an interest in more "open trading" where the professions are concerned. A Minister has expressed regret that opticians are not allowed by their code of conduct to display in their windows prices of such "optical appliances" as frames. This week (p486) there is the suggestion that veterinary surgeons should be permitted to advertise their services, subject to controls, and that as a basis for discussion they might be allowed to display their charges for some of the more important services they offer.

Inevitably other professions will be keeping a close watch on developments, and retail pharmacy, with its dual trading and service elements, must have a special interest in the outcome.

Of course the ordinary consumer wishes to know in advance exactly what a product or service will cost, but it is not always possible for the complexities of pricing professional services to be simplified for their benefit and prescription pricing is a case in point.

The consumer seems to find it hard to understand the need to cover time and overheads in charges and prices—as can be seen by the Consumers' Association advice to members to avoid the "expensive" independent pharmacy when buying toiletries (p484), while consumer groups are among the most vociferous when pharmacy services disappear and patients have to travel excessive distances to have prescriptions dispensed.

If the Secretary of State acquires the powers he seeks in the Bill, it is to be hoped that he will exercise them with caution and understanding.



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# Independent chemists found expensive

"Look out for discount drugstores and cut price chemists" says Consumers Association in *Which?*—but the magazine's report "How to buy toiletries" finds that independent chemists as a group are often the most expensive outlet for such products.

*Which?* gives prices it found being charged in Boots, other chain chemists ("for example, Westons, Underwoods"), independent chemists, Woolworths, department stores, supermarkets (including "superstores") and grocery shops. Product groups examined were soap, shampoo, fluoride toothpaste, razor blades, deodorant and antiperspirant aerosols, talcum powder and man-size tissues.

Boots were the cheapest outlet for seven named branded products but the most expensive for three brands (all soaps). Other chain chemists were most expensive for two brands—but independent chemists were most expensive of all outlets for no fewer than 16 out of the 28 branded products examined.

Among non-chemist outlets, Woolworths were cheapest for seven brands, dearest for three; stores cheapest for 12 brands; supermarkets cheapest for seven and dearest for four brands; grocery shops cheapest for two brands and dearest for four.

*Which?* says that discount drugstores and cut price chemists are a "relatively new phenomenon" and not seen sufficiently in the survey to be included in the table "but our shoppers sometimes found them very cheap for certain branded goods".

The report concludes: "If at the moment you're buying branded toiletries in the most expensive types of shop, you could save around £1 in every £5 if you're prepared to shop around—and somewhat more than this if you take advantage of special offers... And the saving will be larger if you switch to own brands". The report appears in the April issue.

## Doctors approve extension of rural 'standstill'

The one-year extension of the rural dispensing "standstill" requested by the Clothier committee (last week, p444) has now been agreed by the General Medical Services committee of the British Medical Association.

The extension has already been approved by the Pharmaceutical Services Negotiating Committee and was to come before the Pharmaceutical Society's Council this week. The letter from the National Joint Committee of the Medical and Pharmaceutical Professions to its constituent bodies says that good progress has been made on a broad outline of proposals which "could offer a constructive and sensible alternative to the sometimes sudden and equitable effects of the unregulated

changes in rural dispensing services which take place under present statutory provisions".

The GMS committee has stated that it will seek the views of rural general practitioners before reaching a decision on the Clothier committee's final proposals.

## Department told of chemist cash-flow problems

NHS remuneration has for some time been inadequate to allow chemist contractors to sustain the volume of dispensing—and is causing serious cash flow problems for many pharmacists.

Strong representations to that effect were made by a delegation from the Pharmaceutical Services Negotiating Committee which met Sir Patrick Nairne, Permanent

Secretary of the Department of Health on March 29.

A statement issued after the meeting says that Sir Patrick took note of these representations and put the Department's views.

In particular, the Department would urgently consider suggestions made by the Committee for amending the drug price-change timetable and would arrange the earliest possible tri-partite meeting of representatives from the Department, the Association of the Pharmaceutical Industry and PSNC to examine the proposal that all drug price-changes should be introduced from the first day of the month. The meeting has been arranged for April 13.

## Goya 'reps' stop work

Goya representatives who were part of the sales force before the ICI takeover in 1975 staged their threatened one-day strike on Monday (*C&D* last week, p445). They are seeking employment equality with representatives derived from the "Savlon" force, but their spokesman said on Tuesday that a company proposal for improved "fringe benefits" had met with "a unanimous refusal to accept such superficial offers". The weekly 24-hour stoppages are to continue—though the representatives (members of ASTMS) hope that the company will recognise their case and so make the action unnecessary.

## Power to stop RRP's in new Prices Bill

Following discussions with interested parties on the consultative document issued on February 22 (*C&D*, February 26, p244), the Government has published the Price Commission Bill, which is intended to make the prices policy more effective.

In addition to the main provisions concerning prices policy, the Bill contains a number of other provisions. Among these, the Secretary of State permitted to prohibit the advertising of recommended prices in particular sectors, following a Price Commission recommendation.

At a Press conference on Monday, Mr Roy Hattersley, Secretary of State for Prices and Consumer Protection, emphasised that practically all prices with very few exceptions will come within its scope. The powers of investigation of the reconstituted Price Commission will be permanent, a change from the current arrangements which expire on July 31.

The Commission will be empowered to carry out investigations into price increases, prices and margins and to judge them according to statutory criteria. During investigations, prices may be frozen for periods up to twelve months. Margins of distributors will not be frozen during an investigation, but the Commission may recommend that they be reduced following an investigation. The Commission may and in certain circumstances will be required to grant an interim price increase to a firm under investigation and this cannot be reduced as a result of the Commission's final recommendations.

The Secretary of State may make orders enforcing recommendations of the Price Commission, and will be required to provide safeguards whereby neither the re-

commendations nor a price restriction during an investigation will reduce a firm below minimum levels of profitability. Powers to enforce profit margin controls will be retained for a limited period, but the power to make a Code which includes cost controls has been abandoned.

Another clause amends Section 4 of the Prices Act 1974 to require the display of prices of goods for retail sale and charges for services, and to prohibit undesirable methods of displaying prices and charges. Mr Hattersley said that while the aim was improvements in prices display, steps would be taken to ensure that the requirements would not be too onerous for small businesses and shopkeepers.

The Retail Consortium reaction to the Bill has been to question the need for continuing price control. It points out that an expenditure of £8.5m of taxpayers' money is involved for elaborate additional controls on distributors' margins—which are already lower than in 1973. "The new powers to investigate retailers' margins will damage confidence and may lead to a reduction in investment and jobs. No adequate safeguards against investigation have yet been devised and until they are, it will be unsafe for retailers to invest in new shops and new jobs unless they are assured that the required rate of return on the capital they invest is accepted by the Price Commission."

□ Twelve Labour MPs have tabled a motion calling on the Government to introduce a price freeze for at least six months. Mr Nick Winterton, Conservative MP, has tabled an amendment recognising that price increases are an inevitable result of a prices and incomes policy.

# PSGB Council candidates

The following candidates have been nominated for this year's election to the Pharmaceutical Society's Council:

Mr Michael J. S. Burden  
 Mr David W. Carrington  
 Mr David J. Dalglish  
 Mr William M. Darling  
 Mr Dengar R. Evans  
 Dr John H. S. Foster  
 Mr Maxwell Gordon  
 Mr Colin R. Hitchings  
 Mrs Estelle J. M. Leigh  
 Mrs Enid Lucas-Smith  
 Dr David H. Maddock  
 Mr A. G. Mervyn Madge  
 Mr Michael E. Millward  
 Mr Roger W. Odd  
 Mr John M. T. Ross.

Nominations for the election of auditors:

Mr Alan H. Briggs  
 Mr Eric A. Brocklehurst  
 Mr Kenneth Brooke  
 Mr Malcolm Crane  
 Sir John Hanbury  
 Sir Harry Jephcott, Bt.

## SPF election result

The following have been elected to the Scottish Pharmaceutical Federation executive council (number of votes shown in brackets):

Highland and Grampian regions (two members)—David A. Gerrard (38), Walter C. D. Bain (30), not elected George M. Burness (29). Voting papers returned 38 per cent of those issued.

Tayside (two members)—David C. C. Wallace (no ballot).

Central and Fife (two members)—Bernard Brown (no ballot).

Lothian (two members)—Alexander Skinner, James White (no ballot).

Strathclyde (six members)—Edward J. Brown, Patrick Gilbride, Ian R. McDougall, George D. Rillie, James Stewart, D. Graham Tarbet (no ballot).

Border and Dumfries & Galloway (one member)—William M. Grier (17), not elected Norman G. Blount (6). Voting papers returned 51 per cent.

## More employment subsidy

Further measures designed to reduce high unemployment were announced last week by Mr A. Booth, Secretary for Employment. They are:

Extension of the Temporary Employment Subsidy to March 31, 1978, and further but reduced subsidy for firms whose TES is running out; a new £20 per week subsidy to encourage small firms in the Special Development Areas to employ extra workers and a short term grant of £30 per week for employers taking on disabled unemployed workers.



Mr John Phillips, chairman of the Distributive Industry Training Board, presents the Distributive Training Award to Mrs M. A. Fletcher of H & A K Fletcher, the Preston pharmacy (top photograph) and to Mr R. Fielden, MPS, group director of Hill-Smith (Warrington) Ltd (lower photograph). The award is made to retail, wholesale and mail order firms who prove they have top class training programmes which contribute to the development of their staff, the efficiency of the business and a high standard of service

## Women pharmacists 'should fortify their assets'

How many women are there on the Pharmaceutical Society's Council, the NPA board of management and the council of the Institution of Pharmacy Management International? What percentage of superintendent pharmacists are women?

Those questions were asked by Mr E. A. Jensen, vice-chairman, Institute of Pharmacy Management International, at the National Association of Women Pharmacists' weekend school. He said that if women pharmacists were dissatisfied with their present under-representation, the remedy was in their own hands. They should do away with their fears and doubts and make the most of the considerable assets they could offer.

"The woman in pharmacy has certain qualities which are unique and which can make a large contribution of enormous benefit to the profession and nation," he said. Women had a personal knowledge and understanding of the health problems of women, problems which tended to be underrated in a male-dominated research and distributive industry, and in medicine. Women had experience of child care and a greater capacity to understand the needs of women staff, patients and customers. Women lived longer than men and in many cases their "fragmented" or part-time

working life encouraged an objective and critical viewpoint. By constructive attitude training, women pharmacists could turn a number of their apparent disadvantages into opportunities.

Mrs Estelle J. M. Leigh, member of the Society's Council, stressing how essential continuing education was for pharmacists, said much more research was needed into how the public used medicines and how different patients reacted to standard medicines. "We have standardised, highly potent medicines but no standard patient," she said. More information was also needed on the effect of food on drugs.

## Students seek 'assessment' in preregistration year

Preregistration students should only become members of the Pharmaceutical Society after satisfactory quarterly reports from both the student and the responsible pharmacist—and an assessment of their ability to communicate orally.

That is the recommendation of the British Pharmaceutical Students Association, which voted overwhelmingly in favour of the proposal at its annual conference in Bath this week. The BPSA view is that there should be a "common core" of training for all preregistration students. It is felt that the proposals would raise the standards of training and would allow a pharmacist to transfer from one branch of the profession to another after qualification.

BPSA is hoping to be given an opportunity to put a motion to the Society's Branch Representatives meeting which, if passed, would give students membership of the Society, involving participation at the BRM in the same way as local branches. The students consider this would give them a voice in the Society on matters of direct concern to them. However, a similar proposal was rejected by the Society's Council last month (*C&D*, March 12, p348).

## Pay talks planned for hospital pharmacists

Hospital pharmacists' salaries for 1977-78 are to be discussed on April 14 at the next meeting of the Pharmaceutical Whitley Council. A settlement for the maximum allowable under stage 2 of the Government's pay policy is expected, plus salaries of pharmaceutical officers and pharmacists grades IV and V together with job descriptions of the latter grades. The council of the Guild of Hospital Pharmacists' section of ASTMS agreed at its March meeting to set up a working party to examine the requirements for an on-call and standby service.

## Christmas and New Year bank holidays

Bank holidays at Christmas 1977 and New Year 1978 will be: England, Wales and Northern Ireland—December 26, 27, and January 2, 1978; Scotland—December 26, 27, January 2 and 3, 1978. Employers and employees generally will be able to make alternative holiday arrangements to meet their particular circumstances.

# Call for more control of new drugs

A system of restricted availability for new drugs, whereby a known sample of people (larger than in clinical trials) as treated before general release of the drug, was called for last week by the Royal College of Physicians.

Sir Eric Scowen, chairman of the Committee on Review of Medicines, suggests that such a system would allow a better informed clinical judgment to be made at the time of introduction of a new drug and would place fewer patients at risk. The proposals, prompted by adverse reactions to practolol, were put forward to improve the present system of drug testing but no details have yet been agreed. Data capture would probably be by way of prescription statistics, Sir Eric said, but this was only one possible method. The number of patients involved in the testing sample would probably depend on the drug concerned but could be thousands, he added.

Asked why current toxicity testing was inadequate, Dr D. G. Davey explained that metabolic differences between species and idiosyncratic responses prevented laboratory detection of all adverse effects. Monitored release of new drugs could overcome this problem. Other proposals were a review of laboratory toxicity testing procedures; financial protection for patients harmed in clinical studies of new drugs; better information on new drug experiments to doctors; more education of patients and doctors, and better training for clinical trials personnel including doctors, nurses and pharmacists.

## Respite from pickets

No pharmacies were picketed this weekend as part of the continuing dispute between Grunwick Laboratories and the Association of Professional Executive and Computer Staff. However, Mr Roy Grantham, APEX general secretary, told *C&D* that picketing of pharmacies would continue in the coming weeks.

## Medicines sales to vets worth about £14m

Sales of pharmaceutical preparations to vets are worth about £14m per year, Mr Michael Peretz, president, Association of the British Pharmaceutical Industry, said last week.

Opening the British Small Animal Veterinary Association congress he said the industry was spending about £10m a year on research into products specifically for animal use. The industry's total research spending was about £100m a year and

advances in human medicines often had a "spin-off" application in animals.

Mr Jim Evans, president, BSAVA, warned that many useful animal medicines, available under product licences of right, were likely to be withdrawn because manufacturers were unwilling to spare the time, effort and expense necessary to obtain the data required when the licences are reviewed. The costs of research and development and meeting registration requirements would also reduce the number of new products being marketed. It was also possible that the UK might be forced to accept restrictions on the use and sale of veterinary medicines that already apply in some EEC countries, eg vets might not be allowed to prescribe for animals, drugs that were only registered for human use such as insulin.

## Overprescribing threatens Sheffield pharmacy

A Sheffield pharmacist has complained to his MP that the practice of doctors prescribing three months supply of drugs at a time is not only wasteful but threatening to make his business unviable.

Mr Reginald Mills opened his pharmacy in Broomhall Street, Sheffield, two years ago after a public petition indicated a need for a pharmacy in the area. He has since realised that one local surgery issues "far above the normal" number of repeat prescriptions for three months supply of drugs at a time. Mr Mills told *C&D* he is losing dispensing fees on about 1,000 items a month and has had to sell his house to keep the business going. Apart from this risk to the viability of his supposedly "essential" pharmacy, he believes there is also a risk to the elderly patients who are often confused by the enormous quantities of drugs they are given.

About £120 worth of unwanted drugs were returned to him when three elderly patients died recently. Mr Mills believes the dispensing fees he is losing would cost the NHS less than this wastage of medicines. The matter is being investigated by the local community health council.

Mr Jack Osborn, MP for Sheffield, has written to Mr Roland Moyle, Minister for Health, asking him to consider introducing legislation to limit the quantity of drugs prescribed but he had received no reply at the time *C&D* went to press.

## 'Early warning' system put to the test

Less than two weeks after an early warning system had been set up by the Harrow and Hillingdon Branch of the Pharmaceutical Society the system was put into action last week following a "tip-off" from a doctor that a blank prescription was missing. The doctor phoned his nearest pharmacist who in turn phoned his co-ordinator. Within two hours of loss of the form, a pharmacist who became suspicious of a prescription presented to him was able to employ delaying tactics until the police arrived.

Those events were mentioned by Branch chairman, Dr C. Walton, at the annual meeting on Monday, who said it had taken a lot of hard work by the secretary and

other officers to get the system working but it was gratifying to know that it had proved itself. Now the committee must apply itself to establishing a system in the Hillingdon part of the branch area.

## Most LPCs satisfied with increased PSNC levy?

Nine Local Pharmaceutical Committees are satisfied with the increased PSNC levy.

Only seven LPCs shared the concern about the increase expressed in a circular from Essex Area Chemist Contractors Committee (*C&D*, March 5, p277). Seventeen replies were received and the remaining committee was non-committal. The Essex committee expects a reduction in PSNC expenditure next year and a reduction—or at least no increase—in the levy as there will be no cost inquiry.

## Westminster report

## Why Part III is delayed

Lord Wells-Pestell, Under-secretary for Social Services, explained in the House of Lords on Monday why there were delays in implementing Part III of the Medicines Act 1968.

He said that members of the Medicines Commission's two subcommittees involved could only sit at certain intervals and a great deal of discussion was necessary to decide which of the "thousands of medicines" should be sold by a pharmacist and which could be sold in other ways. He added that the Government would bear in mind the needs of the consumer and intended to lay a series of regulations before Parliament during the summer.

Difficulties had arisen, he continued, "because at present a number of medicines that can be lawfully sold in ordinary shops, but which would be restricted to pharmacy sale or restricted if and when Part III was implemented, would comprise such things as eye drops or eye ointments, sedatives containing bromides and certain vitamin preparations."

## Vets to advertise?

In a written Commons answer, Mr John Fraser, Minister for Prices and Consumer Protection, reported that the director-general of fair trading and the Royal College of Veterinary Surgeons had agreed that the question of relaxing advertising restrictions should be considered during this year's revision of the College's guide to professional conduct. The director-general had suggested, as a basis for discussion, that veterinarians might be permitted to advertise subject to specific restraints laid down by the College.

Advertisements in stated media might give such basic facts as address, telephone number, surgery hours, qualifications and convenience of location; also possibly the fees for some of the more routine services or a statement that such fees would be quoted in advance. The director-general had also suggested that veterinarians should not be prevented from advertising that they normally treat certain species of animals by their obligation to offer first aid to all types of animals in an emergency.



## Some people are important enough to deserve the best.

Every mum wants the best for her baby. When she can get the best without paying extra, that makes it doubly attractive. A Freflo feeder bottle has all you'd expect and more.

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# A present from Cow & Gate. Four months steady profit!

A present for your  
customers - FREE Babymeals  
WORTH £2!

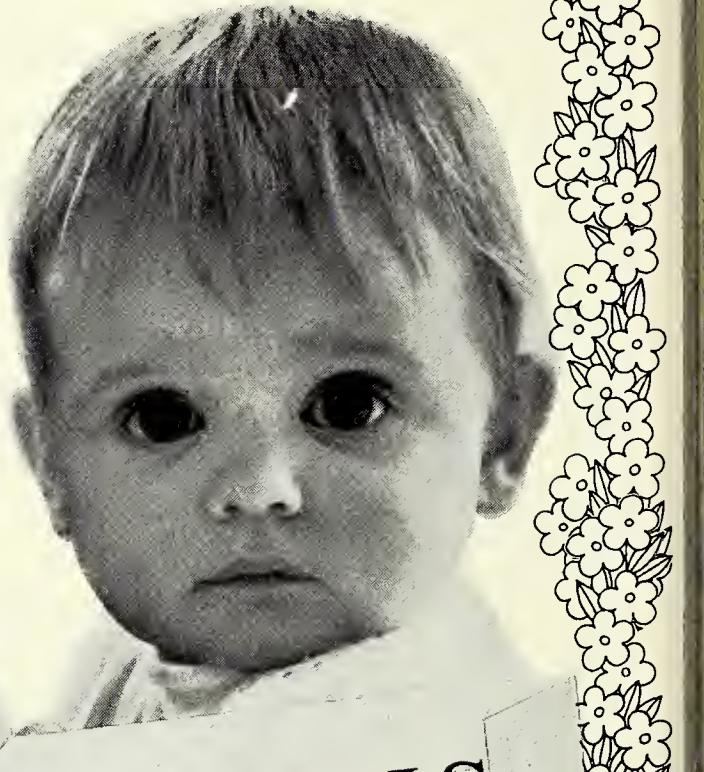
A present for you - a steady  
stream of customers!

Starting April 4th and running for four months, this exciting promotion will build brand loyalty like never before.

The Cow & Gate salesman will call soon to give you supporting material.

Shelf dispensers will provide your customer with a printed FREEPOST envelope for her to post proofs of purchase from Strained, Junior or Toddler Babymeals.

Within 14 days she will receive a book of vouchers redeemable against Cow & Gate Babymeals.



**A present from Cow & Gate**

**FREE BABYMEALS  
WORTH £2**

Here's a really worthwhile present from Cow & Gate—free Cow & Gate Babymeals worth £2! Here's how: When you buy Cow & Gate Strained, Junior or Toddler Babymeals carefully remove the labels by cutting down the side, then cut out the variety descriptions from the labels and pop them into this envelope. When you have collected 25 or 50, (you will be surprised how quickly they mount up) complete the coupon, seal this envelope, remembering to write your name and address on the flap and post. **YOU DO NOT NEED A STAMP.**

Within 10 days we will send you Cow & Gate vouchers which will enable you to obtain up to £2 worth of free Cow & Gate Babymeals from your Chemist. Send 25 variety descriptions for vouchers worth £1. Send 50 variety descriptions for vouchers worth £2.

We will send you extra vouchers worth 20p if you enclose description panels from more than 10 different varieties

**OFFER CLOSES JULY 31, 1977**



A present from **Cow & Gate**

-4 months  
steady  
profit!

# People



Mr Michael Smith, MPS, of Darbys Chemists, Knaphill, Surrey, joint winner of the Unichem/Lilia White song title competition, receiving a cassette player from Mr John Speller, general sales manager of Unichem. The joint winner, who also received a cassette player, was Mr Kenneth Mott, MPS of Glyn Samuel, Alton, Hants.

**Mr E. E. Stedman** retired from the board of Federated Chemical Holdings Ltd on March 31 after 53 years' service.

**Mr C. H. Preston-Robinson** has been elected the first honorary vice-president in the Guild of Hospital Pharmacists' history, in recognition of his services to the Guild.

## News in brief

□ Over two tons of unwanted medicines were collected in a campaign held in Greater Glasgow last month.

□ The Medicines (Pharmacies) (Application for Registration and Fees) Amendment Regulations 1977 (SI 1977 no 511, HM Stationery Office, £0·10) clarify that £11 is the penalty for failure to pay the retention fees for premises in any part of the UK.

□ The theme of World Health Day, April 7, was to be "Immunise and protect your child", to bring attention to the fact that of 80 million children born in the developing world not more than four million are vaccinated against common childhood diseases.

□ The Safety Representatives and Safety Committees Regulations 1977 (SI 1977 no 500, HM Stationery Office, £0·25), coming into effect October 1, 1978, provide for the appointment of safety representatives, prescribe their functions and allow for their time off with pay while performing their duties.

□ A new edition of "Safety in the chemical laboratory", published by May & Baker Ltd, has been up-dated in respect of the Health and Safety at Work Act 1977 and the Technical Data Note 2/75, Health and Safety, HM Factory Inspectorate 1976. A specimen/reference copy is available free of charge, and bulk supplies are available at 25p per copy from May & Baker Ltd, Essex House, 15 Station Road, Upminster, Essex RM14 2JT.

# Topical reflections

BY XRAYSER

## Responsibility

It seems that "Largus", of the Society journal, does not wholly approve of my criticism of the new prescription form, with its attempt to have the doctor prescribe by length of treatment rather than a stated quantity. I must confess I find his defence of the practice far from convincing.

He bases his argument on the premise that dispensing is a professional and not a technical operation. I have never argued otherwise. He states that the pharmacist should be seeking "not more exact instructions, but better background information on which to base treatment decisions". And the way to do so, and thus turn difficulties into opportunities for more effective involvement of the pharmacist in treatment, is to question the patient, applying common sense, and perhaps dispensing a small quantity with instructions to return if that proves insufficient. On the whole, I would rather question the physician than the customer (who may very well be only an obliging neighbour). Even if he is, in fact, the patient, his recollection of the consultation is likely to be vague in the extreme.

Another objection is that, after considerable effort to have the prescriber conform to the requirements concerning Controlled Drugs, with a stated quantity in figures and words, any relaxation could undo what has been something of an achievement. I still think the prescriber should be capable of doing a simple arithmetical calculation and that he should write a complete prescription. There should not be two prescribers. I am afraid that all my critic has achieved is to strengthen my conviction that the proposal is ill-conceived. And I had reached that conclusion even before being faced with "One or two tablets three or four times daily when required".

## Slimming

Frequently, when in full cry after some particular item of information, one becomes side-tracked and the initial quest is forgotten. Such an experience befell me the other day when my eye lighted on a paragraph of over twenty years ago headed "slimming tablets". It was a Parliamentary item in which a Member sought information about the quantities prescribed at that time and whether such tablets did slim or if they merely curbed the appetite. The reply was to the effect that the drug Dexedrine was quite effective for slimming when used under medical supervision and that slimming was not the only purpose for which it was prescribed.

Apart from the reference to the advisability of using the substance under medical supervision, there was no indication that any anxiety was felt about possible harmful effects or even addiction. It was but one more example of the apparent innocence of a drug which later comes to be recognised as a problem. There have been many such, and every new drug should be regarded with suspicion in its early days. The disquieting feature of it all is that dependence was started by legitimate prescribing in the first instance, and that that particular preparation was followed by others which walked the same path from innocence to guilt.

## Canterbury

I can think of no venue more suited to a historical conference than Canterbury, with its quiet lawns and ancient buildings, and it was appropriate that the British Society for the History of Pharmacy should meet there. The programme was a varied one, the address of Professor M. P. Crosland stressing the strong scientific basis of pharmacy in France. That resulted in a status for pharmacy that is less obvious in this country. Another speaker referred to the merits of sea-bathing, but your report does not say if the conference visitors saw fit to take the plunge at Margate.

# New products and packs

## Skin care

### Face-savers from Sterling Health

A new skin care range, Face-savers, by Sterling Health consists of three products designed for women in the 15 to 24 age group, many of whom suffer with the complexion problems of acne, spots and pimples. The cream medication (£0·58) contains colloidal sulphur and resorcinol in a grease-free flesh-coloured base. The deep cleansing pads (£0·75) are a cotton and rayon mixture impregnated with a spirit-based solution containing salicylic acid and the skin conditioning wash (£0·62) is intended as a replacement for soap for routine use by teenagers.

Press advertising starts in June and runs for three months and radio advertising, which also starts in June, will run on 17 commercial stations. There will be a consumer promotion entitled "save your face forever"; by sending in a photograph of a boyfriend or popstar plus £2·49, participants will receive a reproduction of the photograph on a treated canvas producing the effect of an old style sepia-coloured painting. The offer together with explanatory leaflets will be featured on chemist counter display material (Sterling Health Products, Surbiton, Surrey KT6 4PH).

### Beecham enter skin care

Beecham are entering the skin care market with two new products, Pure and Simple creme (22g, £0·23; 45g, £0·33) and Pure and Simple lotion (60cc, £0·24; 160cc, £0·48) based on "simple, natural, but tried-and-tested ingredients balanced in a brand new way". Particularly effective for dry skin, the light, non-greasy creme can be used as a moisturiser, as a protective treatment for dry, chapped hands, and for problem areas like rough elbows and knees. It is also a gentle cleanser, especially suitable for the removal of

waterproof makeup. The lotion is designed for greasy skins and for all-over body use as a moisturiser, cleanser, hand cream etc. 1·7 million creme and lotion sachets will be sampled through *Woman's Own* and a 10p introductory coupon attached to a 4-page colour leaflet will encourage first time purchase (Beecham Proprietaries, Beecham House, Great West Road, Brentford, Middlesex).

### Norton's Chelsea flowers

M & R Norton Ltd are launching a new range of luxury soaps called Chelsea flowers. The soaps (£0·49) are available in four fragrances, freesia, carnation, lily of the valley and lavender, selected, says the company, because these floral fragrances are all-time favourites for English soaps. They come individually packed in colour matched plastic boxes, which can also serve as soap dishes and travel cases (M&R Norton Ltd, 155 Merton Road, London SW18 5EG).

## Sundries

### Carbon dioxide bulbs

Natur, a new brand of carbon dioxide bulbs (10, £0·95) that will fit leading makes of soda siphons, are said to contain natural carbon dioxide of more than 99·9 per cent purity (Kellver Designs Ltd, 71 Eccleston Square, London SW1V 7PJ).

### Prescription specialities

#### OPULETS eye drops

**Manufacturer** Pharmax Ltd, Bourne Road, Bexley, Kent DA5 1NX

**Description** Chloramphenicol—0·25ml sterile aqueous drops in single disposable polypropylene dropper unit containing chloramphenicol 0·5 per cent. Sulphacetamide—similar presentation containing sulphacetamide sodium 10 per cent. Fluorescein—0·25ml sterile orange aqueous drops in similar unit containing fluorescein sodium 1 per cent.

**Indications** Chloramphenicol—blepharitis, conjunctival wounds and burns, bacterial and certain viral conjunctivitis, corneal ulceration, trachoma, hypopyon. Sulphacetamide—Infections caused by sensitive organisms. Fluorescein—diagnostic agent for detecting lesions and foreign bodies. **Contraindications** Known sensitivity. **Method of use** Chloramphenicol and sulphacetamide—1 to 3 drops every 1 to 4 hours. Fluorescein—1 or 2 drops, followed by irrigation.

**Precautions** Discontinue chloramphenicol and sulphacetamide in the event of new infection by non-susceptible organisms.

**Storage** Chloramphenicol—at 2 to 8°C, protected from light, do not freeze. Sulphacetamide and fluorescein—in a cool dry place, protected from light.

Packs 20 dropper units (all £2 trade)

**Supply restrictions** Chloramphenicol P1, TSA, sulphacetamide P1, TSA, S4B  
**Issued** April 1977

### Lasix 50mg injection

Hoechst Pharmaceuticals, division of Hoechst (UK) Ltd, Hoechst House, Salisbury Road, Hounslow, Middlesex TW4 6JH, say that Lasix injection 50mg in 5ml (5 ampoules, £2·53 trade) is now available for use in general practice.

## Equipment

### Autoclave indicator label

Avery Label Systems, Gardner Road, Maidenhead, Berks SL6 7PU, have introduced a range of self adhesive labelling and coding equipment that automatically or semi-automatically applies autoclave indicator labels to topical irrigation and intravenous product bags after sealing and before autoclaving. The label offers total traceability of the bag through the production cycle. The equipment supplements the rotary bag handling machine with opening, filling and sealing facilities, from Schubert & Co, 15 Hampshire Terrace, Portsmouth.

### Tablet counting balance

A precision balance (£96 trade), originally designed for counting coins and notes in banks, is now available for use in wages departments and can also count tablets, according to Omal Group Ltd, Omal House, North Circular Road, London NW10 7UF. Known as the Omal universal moneychecker, its chief advantages, says the manufacturers, are that it operates more quickly and accurately than other scales, thus reducing tedious hand counting by more than 90 per cent.

The moneychecker's hydraulic damper, replacing the more conventional spring-and-swing-needle device, is claimed to practically eliminate the problem of "scale sway" between measurements. Discrepancies are read on a horizontal bar indicator on the face of the machine.

## on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Allurell d'Elnett: All except E

Anadin: All areas

Aspro Clear: All areas

Crest: All except E

Charles of the Ritz: M

Denim: All areas

Elastoplast: All except E

Harmony colourant: Y, NE

Milton crystals: M

Natural Balance: All except E

Nice n' Easy: All except E

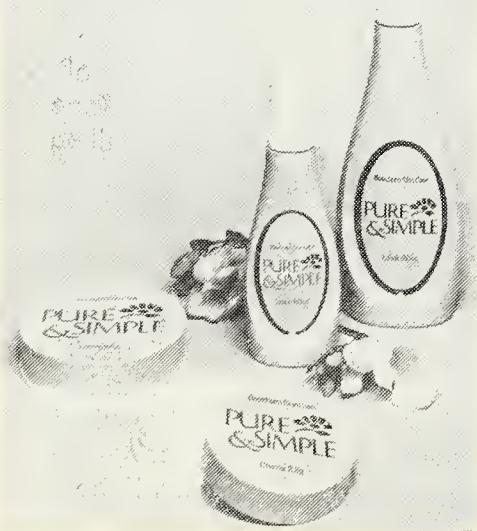
Odor Eaters: All areas

Sudocrem: Lc

Sunsilk hairspray: All areas

Sensitive lenses: Ln, M, Lc, Sc, A, So

Sure: All areas



# Great News on Euthymol<sup>1\*</sup>!

## Get a Bonus from your wholesaler

### Now!



Parke-Davis & Company,  
(Inc. U.S.A., Liability Ltd.),  
Usk Road, Pontypool,  
Gwent NP4 8YH

\*Trade mark.

# PHILIPS REPORT



**PHILIPS**

# Our big TV campaign will smooth your way to even bigger sales.



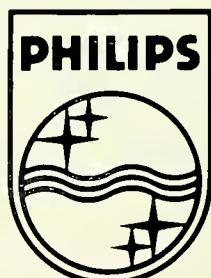
Our Ladyshave TV Commercial has been so successful that we're going to run it again.

In a big 5 week campaign in the Midlands, the South and South West, and for the first time on Granada.

Over 7 million women will see it – and it will be screened more than 25 times.

So make sure you've got plenty of Philips Ladyshaves in stock. And smooth your way to bigger sales.

Simply years ahead.



# Trade News

## Phyllocontin paediatric tablets

Napp Laboratories Ltd, Hill Farm Avenue, Watford, Herts WD2 7RA, have introduced Phyllocontin paediatric tablets (50, £1.43; 250, £6.91 trade). Each pale orange, biconvex tablet is marked "SA/2" one side, "Napp" on the other and contains amino-phylline 100mg in a controlled release base. The recommended dose for children aged four to eight years is one tablet twice daily, morning and evening, and for children aged eight to 12 years, one or two twice daily.

## Hill's Balsam supplies

The manufacturers of Hill's bronchial balsam state that there is no current shortage of any product in the range. Chemists are asked to order from another wholesaler if their first choice cannot supply, and to communicate any undue difficulty to Hill's Pharmaceuticals Ltd, Talbot Street, Briercliffe, Burnley BB10 2JY.

## Caloreen distribution

Roussel Laboratories Ltd, Roussel House, Wembley Park, Middlesex HA9 0NF, are now responsible for the marketing and distribution of Caloreen and Gastrocaloreen, previously undertaken by Scientific Hospital Supplies Ltd.

## Veriderm name changes

Upjohn Ltd, Fleming Way, Crawley, West Sussex RH10 2NJ, have changed the names of Medrone Veriderm and Neo-medrone Veriderm to Medrone cream and Neo-medrone cream respectively. The company asks wholesale and retail outlets to use present stocks of Veriderm first.

## Parlodol 10mg capsules

Sandoz Products Ltd, PO Box Horsforth no 4, Calverley Lane, Horsforth, Leeds LS18 4RP, have introduced a 10mg capsule of Parlodel (100, £68.90 trade).

## Haliborange offer discontinued

Allen & Hanbury's Ltd, Bethnal Green, London E2 7LA, have withdrawn the display offer for Haliborange tablets.

## Synthamin solutions

Travenol Laboratories, Caxton Way, Thetford, Norfolk, have introduced dextrose injection 50 per cent w/v for intravenous use as a parenteral nutrient (500ml, £1.30 trade). Also available to hospitals only for intravenous nutrition are Synthamin 9 (500ml, £4.90), Synthamin 14 (500ml, £7) and Synthamin 17 (500ml, £8.50) containing 5.5 per cent, 8.5 per cent and 10 per cent amino acids respectively.

## Eugene shampoos repackaged

Eugene shampoos from Ashe Laboratories, Ashetree Works, Kingston Road, Leatherhead, Surrey KT22 7JZ, have been repackaged in 85cc bottles. The range, which includes oil of orange, musk oil, oil of



lemon, protein and anti-dandruff, now sells at £0.21. A Eugene spokesman said that they believe the attractive price to be one of the attributable factors to the shampoos having exceeded their sales target by more than 300 per cent.

## Kodak competition

Great Britain is the theme of a photographic competition organised by Kodak Ltd, Kodak House, Station Road, Hemel Hempstead, Herts, and *TV Times*. Colour prints depicting any aspect of life in Great Britain (customs, people, places or events) are invited and rules, coupon and details of prizes appear in *TV Times*, April 14.

First prize British Airways holiday for two (flying Concorde to Washington), £500, a Kodak EK6 instant camera plus five film packs. Other prizes include cameras and films and the competition closes September 30.

## Earth Born takes off

Earth Born shampoo from the personal care division of Gillette Industries Ltd, Great West Road, Isleworth, Middlesex, has now been launched nationally. Explained John Atkinson, UK brand supervisor: "This is no gamble, considering the outstanding international sales figures and the successful Granada television test market results—which achieved a seven per cent share of the market in 12 weeks." The company claims that Earth Born natural pH balance shampoo is the only shampoo able to restore hair to its natural pH balance immediately. It is available in three formulations, avocado, apricot and green apple. Over £1m will be spent on advertising, consumer and trade promotions between now and the end of the year. National television advertising begins in mid-May for seven weeks; there will be two more bursts during the year, as well as full page advertising in women's magazines and a direct mail drop to 55 per cent of all homes in the UK.

## Merchandising by Braun 'angels'

"Operation angel" is the code name being given to a Braun plan this month to call on at least 6,000 retailers, most of them independent electrical dealers and chemists. The "angels" concept (and the analogy with television's Charlie's Angels) comes from the employment of 14 merchandising girls to supplement the sales force—which would otherwise be unable to cover all

the outlets in time to detail the current television campaigns for Synchron plus, curl control and hairstyling set plus 2, and the forthcoming campaign for the new Braun roundstyler.

Braun Electric (UK) Ltd, Dolphin Estate, Windmill Road, Sunbury-on-Thames, Middlesex, say the girls will "use their feminine wiles to persuade retailers to let them make displays and explain to them about the new roundstyler".

## Baby Ribena goes national

Beecham Foods, Beecham House, Great West Road, Brentford, Middlesex, are launching their new blackcurrant baby syrup, Baby Ribena, nationally. This product, developed to meet the requirements of babies under one year of age, is free from added colouring, flavouring or preservatives and uses only glucose for sweetening. Supporting the national launch the company is providing a comprehensive Press campaign worth about £70,000 over the next year.

## Macleans cash return continues

Beecham Proprietaries, Beecham House, Great West Road, Brentford, Middlesex, have decided to extend the "cash return" offer on Macleans toothpaste for a further month because of its success.

## Tampax on radio

Tampax Ltd, Dunsbury Way, Havant, Hants PO9 5DG, are supporting their Press campaign with a new radio campaign on Clyde, Downtown, Forth, BRMB, Tees, Swansea, Trent, Metro, Victory and Piccadilly.

## Sangers discounts

Sangers Ltd, Cinema House, 225 Oxford Street, London W1R 1AE, are offering discounts on the following goods during April: Brut 33, Complan, plain and flavoured, Crest, Elastoplast, Elnett, Fashion style, Revlon Flex, Kleenex, Kotex, Matey, Odor Eaters, Pears shampoo, Philips Magicubes, Ponds cream, Revlon ZP11.

## Bonus offers

Napp Laboratories Ltd, Hill Farm Avenue, Watford, Herts WD2 7RA. Prioderm lotion, Prioderm cream shampoo, Esoderm lotion, Esoderm medicated shampoo, 12½ per cent discount through branches of Vestric Ltd. See insert for details.

## Easter closings

From close of business Thursday April 7 to start of business Tuesday April 12.

Upjohn Ltd, Fleming Way, Crawley, West Sussex RH10 2NJ. Closed from 4 pm Thursday.\*

Roche Products Ltd, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY. Closed from 4pm Thursday.

From close of business Thursday April 7 to start of business Wednesday April 13.

CIBA Laboratories, Horsham, West Sussex.\*

Closed Monday April 11 and Tuesday April 12.

Parke, Davis & Co, Usk Road, Pontypool, Gwent NP4 8YH, and at Carfin Industrial Estate, Motherwell, Lanarks.

\* Emergency supplies can be obtained from John, Bell and Croydon, Wigmore Street, London W1.

# How to spot the brand leader.

Can it be bought in economy and standard sizes? And if so, are refills also available?

Is it a top spender? If it's a genuine Mum rollette it means that over £500,000 of TV advertising will be working for you in 1977.

Has it rolled over its competitors to become the undisputed unit brand leader?\* And, is it going to sell over 14 million packs in 1977?

Is it called Mum? This is most important. Because if so it means more women use it than any other anti-perspirant deodorant, aerosol or roll-on!

Does it offer your customers a range of five fragrances?



**Mum really works-for you**

## PERSONAL HYGIENE

# Antiperspirants: the search for perfection

by Mr N. J. Van Abbé, chief applied research manager, Beecham Products Research Department

The concept of a deodorant to combat obnoxious body odour or an antiperspirant to limit embarrassment from profuse sweating is easily understood. Nowadays a consumer product must live up to the claims made for it and the manufacturer needs to be able to offer experimental verification to a competent adjudicating body. Deodorant/antiperspirant preparations on the market at present cannot be regarded as 100 per cent effective. The research laboratories of the more go-ahead manufacturers are indeed working hard towards achieving better performance characteristics.

Unpleasant odour is attributed mainly to the decomposition of apocrine sweat by otherwise harmless bacteria on the skin. The armpit or axilla is well endowed with apocrine sweat glands and bacteria thrive in the warm, humid conditions commonly prevailing in the axillary vault. Most deodorant preparations incorporate an antimicrobial as the principal active constituent, to inhibit the skin flora and thereby retard decomposition.

### Important requirements

Since hexachlorophane fell into disrepute through alleged toxicity following skin penetration, other antibacterials have been favoured; triclosan (2,4,4'-trichloro-2'-hydroxy diphenyl ether) is widely used against the relevant organisms and is considered to be safe. Important requirements for a deodorant are that it should be chemically stable and unlikely to sensitise the skin (a number of antimicrobial compounds provoke allergic reactions when the skin is exposed to light).

Offensive body odour may result from the liberation of fatty acids (eg caprylic), free amines or other volatile nitrogenous compounds such as indole; skin bacteria will certainly give rise to such substances when grown on typical culture media. An *in vitro* test for inhibition of typical skin bacteria (especially the gram-positive cocci) gives presumptive evidence for deodorant activity. Nevertheless, what happens on the skin during normal use is the crucial question.

Gas chromatographic sampling of the axilla might provide a means of judging deodorant efficacy but has yet to be employed satisfactorily. Cotton pads may be used to swab the axilla at intervals and the pads incubated in sealed containers to intensify the odour; unpleasantness may then be assessed subjectively. However, a more reliable test is probably the simple one of directly "sniffing" the axilla. This only generates subjectively-

rated data but carefully-designed double-blind studies will be no less valid than other clinical trials where objective measurements cannot be made.

"Sniff" testing confirms that axillary odour reduction parallels surface counting of viable micro-organisms. This does not, however, prove that the bacteria are entirely responsible for body odour. A bacteria-free filtrate derived from a saline skin swabbing still develops typical "body odour" on incubation. This suggests the involvement of autolytic enzymes and may account for the only partial success of present deodorants. Progress will undoubtedly come as this and other aspects are more fully explored. Changing the character of the skin flora by using an antibacterial with a selective action against certain species could be hazardous and the less obvious implications of any hygienic measure need to be investigated thoroughly.

A deodorant preparation, at its simplest, may be just an alcoholic solution of a carefully-chosen antibacterial along with a suitable perfume. Some perfume constituents have inherent antibacterial activity and interest is now being shown in developing perfumes with genuine deodorant properties. The perfume for a deodorant needs to blend suitably with the natural skin aroma and should not clash with other fragrances in use. Whereas alcoholic solutions have found favour for deodorant applications, several

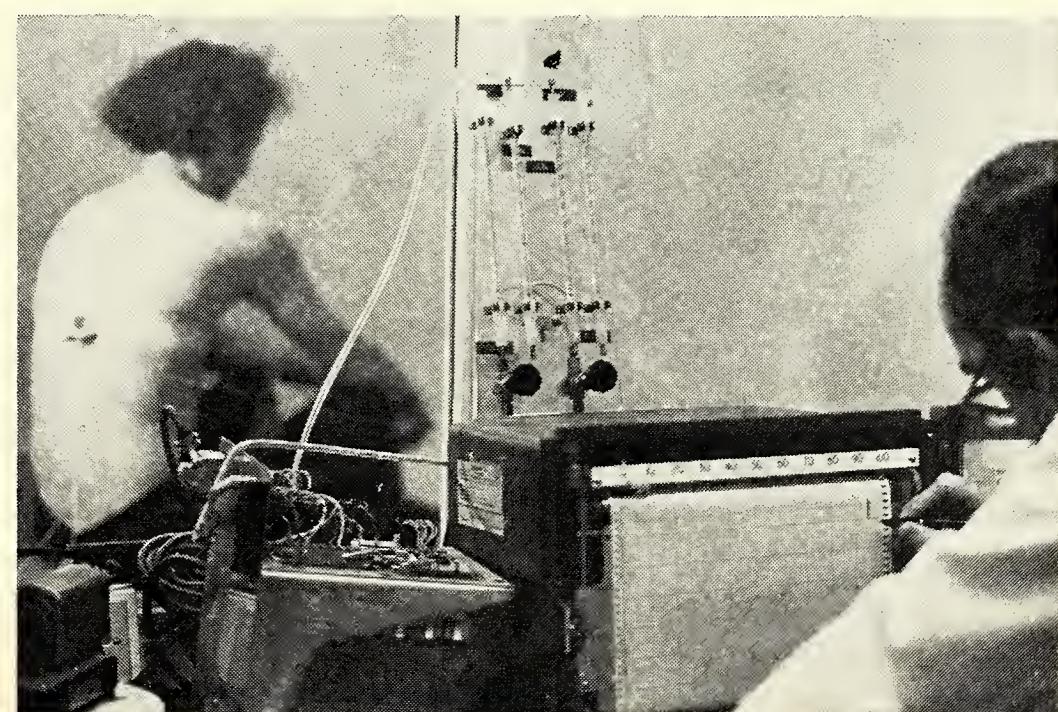
other product forms are available; though it is hard to generalise with respect to their relative efficacy, obviously a talcum powder containing an antibacterial is likely to function less effectively or rapidly than a water-miscible liquid which ensures better contact. In the absence of comprehensive scientific data delineating the most effective deodorants, prudence suggests the need to take account of users' experience as reflected in purchasing habits.

Another approach to controlling body odour has been to neutralise or destroy odoriferous substances, instead of preventing their liberation. For example, ion exchange resins have been formulated into suitable emulsified creams. Virtually all phenolic antibacterials have a tendency to leave brown stains, especially on adjacent clothing. It is interesting to note that most of the aluminium salts used as antiperspirants also have some degree of antibacterial activity but do not tend to stain.

The concept that body odour results only from bacterial degradation of apocrine sweat may be a little too naive. As we have seen, autolysis may be involved; furthermore, the environment in a warm and moist area of skin also includes eccrine sweat secretion, fatty sebum and discarded cells of the epidermis itself. Apocrine sweat is relatively rich in

*Continued on p496*

*Electronic recording of moisture vapour changes in small chamber attached to the back of a volunteer seated in a hot and humid atmosphere*



## PERSONAL HYGIENE

# The search for perfection

Continued from p495

organic matter and figures largely in consideration of nutrient sources for bacterial multiplication. The eccrine sweat glands, on the other hand, yield a profuse and watery saline secretion largely devoid of nutrients; hence they are probably not much involved in body odour. The idea of controlling perspiration as such is concerned with discomfort or embarrassment due to "wetness".

### Essential for life

A functioning eccrine system is essential for life; it plays an important part in the control of body temperature, mainly by virtue of the latent heat required for its evaporation. Hence antiperspirants should only be used over a small part of the body surface at one time. Eccrine sweating is stimulated thermally, emotionally and by exercise. Eccrine glands are brought into action by sympathetic nerves of the autonomic system. Unlike most other organs under sympathetic control, however, they secrete when acetylcholine is released at the nerve endings, not nor-adrenaline. Theoretically, perhaps, an anticholinergic compound could be used as an antiperspirant. However, such compounds have a variety of other effects, some of which (such as retarding micturition) could not be tolerated in toiletry usage. Experimentally, it is quite feasible to achieve total eccrine suppression for many hours by topical administration of, for example, a 5-10 per cent solution of a poldine salt. The effect is not uncomfortable but is less readily achieved in the axilla than other parts of the body prone to sweat freely.

A more acceptable way of achieving antiperspirant effect is to use a solution of an aluminium salt. Simple astringent salts of aluminium yield acidic solutions tending to irritate the skin and to damage fabrics in close contact with it. Numerous less acidic aluminium salts have been studied and patented as antiperspirants but few have withstood the test of time. The most generally esteemed is aluminium chlorhydrate or chlorhydroxide, usually quoted as  $\text{Al}_2(\text{OH})_5\text{Cl} \times \text{H}_2\text{O}$ . For use in anhydrous aerosol formulations, a closely-related alcohol-soluble aluminium chlorhydroxide-propylene glycol complex is used. Often, an aqueous preparation contains around 20 per cent of aluminium chlorhydrate whereas aerosols only have about 5-8 per cent of the alcohol-soluble material; this does not indicate relative efficacy, though, because the quantity of "active" material deposited on the skin is the deciding factor.

The aluminium salts used as antiperspirant ingredients will precipitate proteins and might therefore block the sweat ducts. Blockage may occur naturally, as

in "prickly heat", and be uncomfortable. Evidence suggesting this mode of action for antiperspirants, however, is still controversial. An alternative explanation is that the sweat duct is converted into a "leaking hose", so that the secretion never actually reaches the surface. Another possibility is that aluminium ions inhibit secretory activity in the gland. These alternatives are in course of investigation.

By whatever mode of action aluminium salts influence sweating, there is no doubt that they are quite effective. Thus when a starch-iodine test is applied to an actively sweating surface, a pattern of deep blue spots will appear corresponding to the orifices of the active sweat ducts. If an antiperspirant is then used and the starch iodine test repeated after a suitable interval, many of the previously-active sites will prove to be inactive. This provides a "semi-quantitative" assessment of antiperspirant efficacy.

A preferred method for antiperspirant testing involves fixing cotton pads in the axilla for timed intervals, after which they are weighed. Some means of stimulating sweating is usually required, eg volunteers stay in a room controlled at 35-40°C with relative humidity of about 50 per cent for sessions of an hour or so. Experimental design normally involves comparison between treated and untreated axillae, complicated by the fact that few people sweat equally in both axillae. The experimental conditions may easily be upset by emotional effects or even by asymmetric posture.

The inherent difficulties of gravimetric antiperspirant testing led some investigators to monitor water vapour immediately above the skin, for which highly-sensitive hygrometric electronic devices have been adapted. Obviously there are problems with sizeable volunteer panels using such complex techniques but precise data from relatively few subjects may be almost as meaningful.

Typical antiperspirant products usually return figures of 20-30 per cent sweat reduction. How this relates quantitatively to in-use conditions is uncertain. There is evidence to suggest, for example, that sweat reduction is strongly influenced by the timing of applications, effectiveness

being much reduced if the skin is sweating freely when the product is applied. As exploratory studies with anticholinergics have shown that 100 per cent effectiveness is attainable (even though these particular compounds are not acceptable for other reasons), research workers are faced with an intriguing challenge to bridge the gap between the contemporary 30 per cent efficacy level and the 100 per cent target; this would seem to be a case for formulation expertise and a biopharmaceutical approach.

### Performance testing

Antiperspirants as marketed often include subsidiary constituents like emollients and perfume. Performance testing must be carried out on the final preparation, for incompatibility may occur in ways not yet fully understood; an intended antiperspirant, ineptly formulated, may even prove to be a pro-perspirant! Likewise, safety testing is needed before marketing, followed by close attention to consumer experience in the field.

Deodorants and antiperspirants undoubtedly give rise to a small number of complaints of skin reaction, some of which turn out to be of allergic or hypersensitive type without obvious reason. When a user suffers discomfort or skin inflammation, it may be appropriate to recommend changing to a different brand. If, however, she is known to be of atopic disposition (eg asthmatic or a hay fever sufferer) or if there is a distinctly itchy rash, the best advice is probably to avoid using any products of this type, at least for a fairly long spell during which the skin is given time to settle down again. Full investigation by a dermatologist may be warranted but may not be successful in the sense of allowing the patient to resume the use of her favoured brand of deodorant/antiperspirant. Referral for medical attention will nevertheless help by clearing up the skin condition if it does not subside quickly unaided. Although instances of adverse response must be considered with the care they deserve, the vast majority of users tolerate these products without any problem at all and clearly regard them as a necessary adjunct to enjoyment of social life.

## Action for 'louse year'

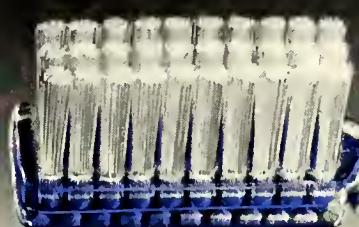
The Health Education Council hopes to carry out a full scale national campaign this year against head infestation, of which there are a suspected million and a half cases in Britain.

The campaign should reach a climax of simultaneous action by area health authorities in late September to coincide with the increase of infestation that usually occurs when children return to school after the holidays. Not only will the Health Education Council be providing educational material but so will the manufacturers of the recommended forms of insecticide, namely lotions and shampoos containing malathion or carbaryl; though according to John Mauder, School of Hygiene and Tropical Medicine,

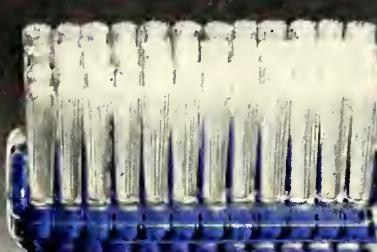
alcohol based lotions are to be preferred. Napp Laboratories, manufacturers of Prioderm lotion and shampoo, will be supplying "action packs" containing posters and education leaflets. Other manufacturers are believed to be contributing through information centres.

Last autumn, a pilot trial carried out by Dr R. J. Donaldson, School of Hygiene and Tropical Medicine, in collaboration with the HEC in three AHAs—Humberside, Lancashire and Kensington, Chelsea and Westminster—indicated that health education and clinical action, when well publicised, leads to more effective control of head infestation than the detection and eradication techniques which are usually employed.

# We've put our heads together



Oral-B 30



Oral-B 40



Oral-B 35

## Result: The New Oral-B 35

tooth/gum brush  
**-an addition to the Oral-B range**

Now the Oral-B range of tooth/gum brushes has been improved by the addition of a radically new brush.

The Oral-B 35.

It combines the best qualities of the Oral-B 30 and Oral-B 40.

The result is a brush with four rows of filaments (like the Oral-B 40) but now set in a smaller head (like the Oral-B 30) for greater manoeuvrability within the mouth.

The Oral-B 35 will be specifically asked for by many of your customers on the advice of their dentists, along with other tooth/gum brushes in the improved Oral-B range. And remember that the Oral-B 35 is another high profit earner, exclusive to pharmacy.

Don't wait to be asked. Order now and make sure that your counter display includes the new Oral-B 35.

THE ORAL-B RANGE NOW COMPRSES:  
 ORAL-B 30 - For children and small mouths  
 ORAL-B 35 - For adults  
 ORAL-B 40 - Larger size for adults  
 ORAL-B 60 - For large mouths and dentures  
 ORAL-B SULCUS BRUSH  
 - For specific dental conditions

**Oral-B**  
 the tooth/gum brush

Knox Laboratories Ltd.,  
 The Firs, Whitchurch, Aylesbury, Bucks. HP22 4JU.  
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**DOWNTOWN****CLYDE****FORTH****BRMB****TEES****SWANSEA****TRENT****METRO****VICTORY****PICCADILLY****NEWS  
FLASH!****NEW RADIO CAMPAIGN FOR****TAMPAX\***  
*tampons*

**ADDITIONAL TO THE  
MASSIVE PRESS CAMPAIGN  
ALREADY APPEARING IN  
LEADING WOMENS MAGAZINES**



## PERSONAL HYGIENE

# More growth in press-on towels

Press-on towels are still showing the most growth in the sanitary protection market but not, it appears, at the expense of tampons.

Despite the dramatic improvements and innovation in towels over the past few years, Tampax Ltd say tampons are still growing in popularity, with usage now equalling that of external protection, mainly because of increased uptake in the younger age groups. Among 14-19 year olds, the ratio is quoted as tampons 75 per cent; towels 25 per cent. A large number of young girls, who several years ago would have started on sanitary towels, now use tampons from the beginning. For this reason, the company's main advertising activity—estimated at well over £500,000 this year—is directed towards younger women.

In sterling terms, the market ratio is claimed by Tampax to be tampons 40 per cent and towels 60 per cent "as the average cost of external sanitary protection is greater than tampons". While grocery outlets have made tremendous efforts to increase their share of the tampon market, chemists are still regarded by Tampax Ltd as a very significant sector, largely because they have fought back by means of aggressive displays and competitive pricing. The Tampax share is said to be 70 per cent, while Lil-lets claim 44 per cent through pharmacies.

### Total market trends

Manufacturers quote figures around £50m for the total sanpro market value, of which press on towels account for 37 per cent, according to Kimberly Clark. In unit terms, Molnlycke say that self-seating towels accounted for 30 per cent, special garment towels for 10 per cent and traditional towels for 60 per cent of sales in 1976 (24 per cent, 12 per cent and 64 per cent respectively in 1975). The company predicts that the trend to self-seating towels will continue and by 1980 will account for 42 per cent of unit sales (special garment towels for 7 per cent, traditional towels for 51 per cent).

Molnlycke Ltd say their budget-priced towel, the chemist-only Libresse Pennywise, got off to a "fantastic" start last autumn. The brand was not advertised but was intended to compete on price alone (10, £0.22) and initial orders exceeded the company's sales forecast by three times. However, competition is so fierce in the sanpro market that even budget price towels cannot be left to sit around and sell themselves, so Molnlycke are planning to support the brand at point of sale with display material. Further advertising is deemed unnecessary as sales are still exceeding forecasts.

Although the original Libresse towel and Libresse Comfort are sold through grocers, Molnlycke prefer to concentrate on chemists whom, they believe, are much more imaginative in the brands they stock (catching on to the press-on towels when they were first launched, for example) and pharmacists are an acknowledged source of advice to the public on such products. When Mimosept Comfort was relaunched under the

Libresse banner in January, only chemists were offered the launch deal which is reported to be doing well.

Lilia White Ltd are supporting their five major brands, Dr White's, Lil-lets, Panty Pads, Lilia and Fastidia with advertising and promotional spending of just under £2m—a record level for the company and claimed to be a record for UK sanpro.

Advertising campaigns in women's magazines are either running or about to break for Lil-lets Mini, the new absorbency tampon launched last summer, for Dr White's looped towels and Panty Pads loopless towels. Later in the year, there will be campaigns for the other Lil-lets absorbencies and Fastidia Mini Pads. Lilia White will also be continuing to experiment with radio advertising and the support will be supplemented by on-pack consumer offers.

Dr White's which still commands 46

Continued on p503

## Kotex range extended

Kimberly-Clark have extended their Kotex range which, they say accounted for a 25 per cent sterling share of the total towel market in 1976 (compared with a 10 per cent share in 1973).

Kotex Simplicity is being relaunched in two new sizes—Kotex Simplicity 1 regular absorbency and Kotex Simplicity 2 super absorbency—to complement Kotex Sylphs. Consumer research pointed out the need for an extension to the current range of Kotex press-on towels to include several absorbencies and sizes for older women with heavier flows.

Kotex now offer three sizes of press-on towel. Sylphs are designed for young girls beginning their periods, those already using press-on towels but who feel confident enough to switch to a shorter towel, and those who have tried tampons but want to return to the towel. Simplicity 1, designed for users in the 25 to early 40's age group, is expected to appeal to users of the original Simplicity product who do not need the extra size and absorbency offered by Simplicity 2, which is designed for the 35 to 54 year old group.

Sylphs, available in 10s, are presented in a blue floral pack featuring a stylised drawing of a young girl. Simplicity 1 and 2 are available in packs of 10 and 20

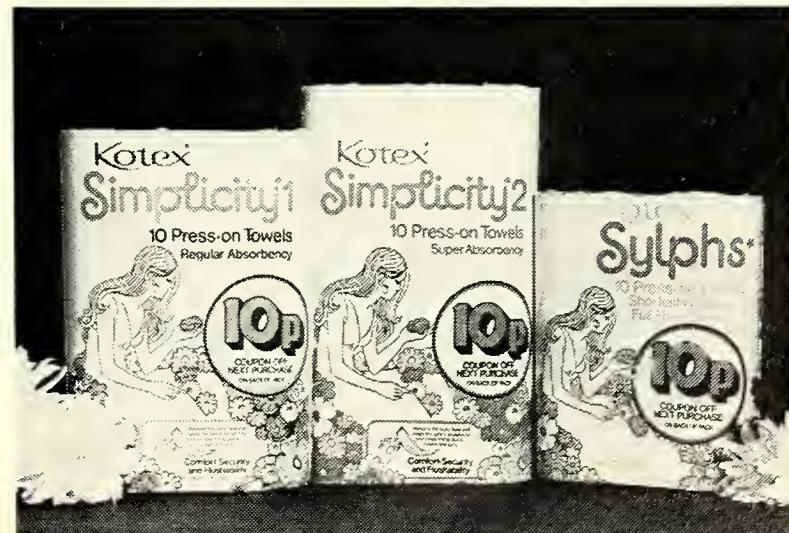
and feature floral packs in green and orange respectively.

The Kotex loop towel has been given a new name—Kotex Soft 'n' Sure—and a packaging facelift. It is still available in 10s and 20s, with size 1 regular absorbency in a blue and green floral pack and size 2 super absorbency in an orange and pink floral pack. The total Kotex range is nationally available in the new 12 pack case size enabling the small independent retailer to stock more profitable lines without locking up capital in slow moving large cases.

A £300,000 campaign heralds the re-launch with advertising in most leading women's and girl's magazines. Spending on Simplicity during the launch period is likely to be about £220,000 and £75,000 on Sylphs. Trial packs of all three have been produced and Kimberly-Clark estimate that women will have some 200 million opportunities to sample the products through a copyline in the advertising; 10p off next purchase packs are also being introduced.

Over £100,000 will be spent during 1977 on media and allied promotional activities for Soft 'n' Sure.

A "massive" advertising campaign in full colour is planned for the inter-menstrual press-on pant-liner, Brevia.



Money off packs to be introduced in May to the new range from Kotex

# INTRODUCING THE COMPLETE RANGE OF KOTEX PRESS-ON TOWELS.



## THERE'S A TOWEL THAT'S RIGHT FOR EVERY WOMAN.

- \* Kotex Simplicity 1 Regular absorbency for normal flow.
- \* Kotex Simplicity 2 Super absorbency for heavier flow.
- \* Kotex Sylphs, the shortest, neatest full-absorbency press-on. It's specially for young girls and fashion conscious women.

## THERE'S PROFIT THERE FOR YOU.

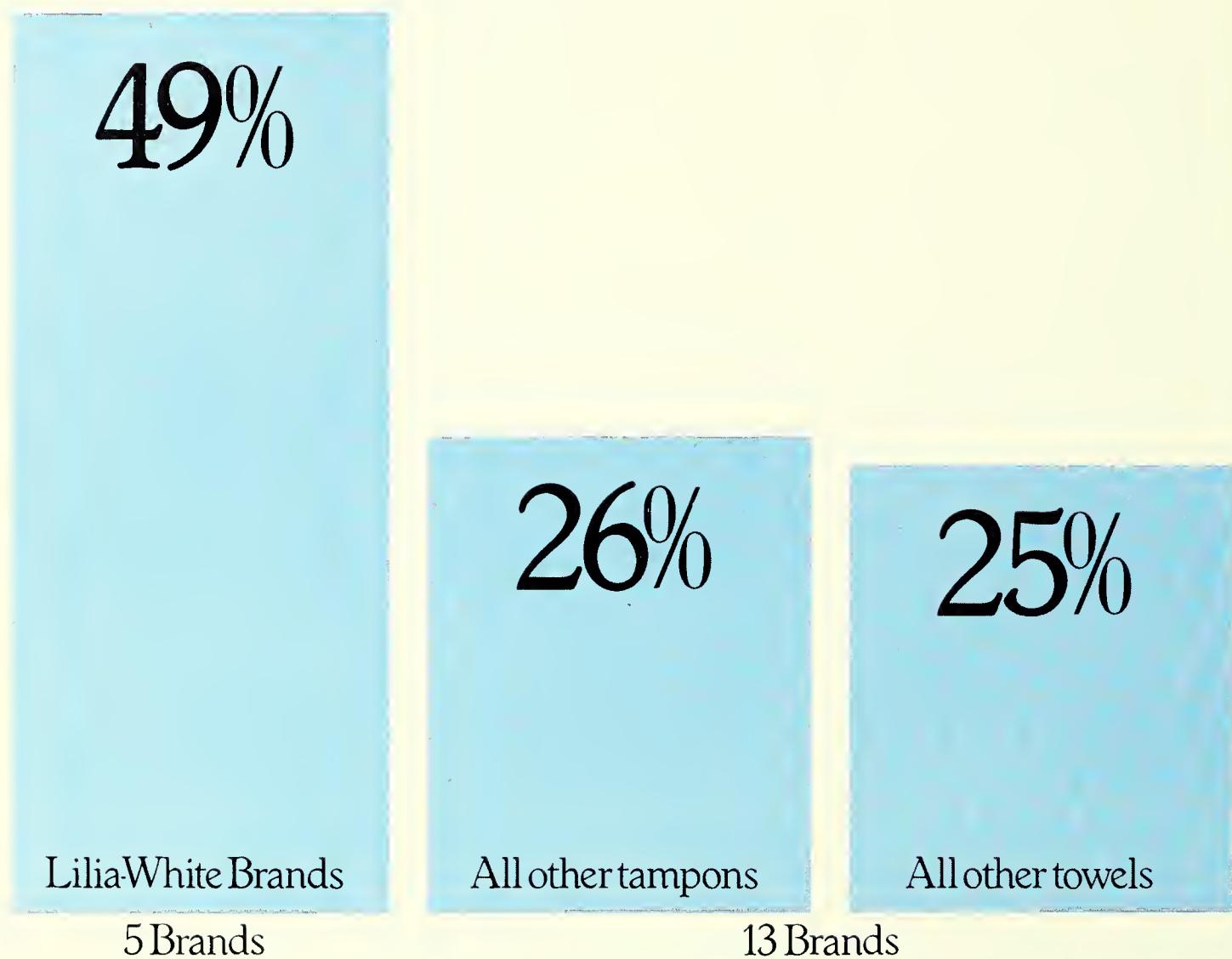
- \* The Kotex press-on range is in small case sizes of 12—for better cash flow, faster stock turn.
- \* Backed by over £350,000 exciting advertising in women's and young magazines and radio.
- \* Plus a heavyweight promotional campaign starting with a 10p off next purchase coupon!

Stock up now with the brand leaders—the complete range of Kotex press-on towels.

**Kotex**  
Press-on towels.



PRESS ON TO PROFIT WITH KOTEX PRESS-ON TOWELS



## Lilia-White give you half the San pro market.

Half of all the women who use sanitary protection choose either Dr. White's, Lil-lets, Panty Pads, Lilia or Fastidia. That's the Lilia-White range.

Individually each product is best suited to women's needs, and is therefore part of the most trusted range there is.



## PERSONAL HYGIENE

# Sanpro: what young girls ask

by Lilia-White's 'Sister Marion'

Lilia-White has always regarded the provision of advice and re-assurance to their consumers as an integral part of their overall responsibilities.

The Sister Marion department has now been in operation for over 25 years. There have been occasional changes of personnel under Sister Marion's pseudonym, but a great store of knowledge has accrued which enables the company to provide expert and sympathetic advice on a wide range of questions.

Despite the change in attitudes and the greater freedom in thought and expression which people now enjoy, summed up in the phrase "the permissive society", there is still a great deal of shyness, particularly amongst young girls, when discussing menstruation and other attributes of growing up. Older women too, still have feelings of apprehension on their own behalf or require advice for their own daughters.

Sister Marion is a trusted source of information, held in similar regard to the advice columns operated in women's magazines. There seems to be an almost universal rule that people prefer to consult an anonymous and dispassionate figure rather than have an open discussion with people they know.

### Standard queries

Letters come from all over the British Isles and abroad. Advertisements and advice at point of sale now appear to be the main sources of information influencing choice of products. Standard queries which repeatedly come in to us concern period pains, lack of development of breasts in early teens, one breast larger than the other, vaginal discharge and "shall I lose my virginity if I use tampons?"

As an example—in replying to the last question, Sister Marion explains that the hymen is a flexible membrane which covers the entrance to the vagina to a varying degree in every individual. If the opening through the hymen is large enough there is no reason why a tampon should not be used, so long as there is no difficulty with insertion. In many girls, the hymen can have been broken at an early age through vigorous exercise.

All letters are couched in most sympathetic terms and, when writing to a young girl, it is always suggested that she discusses the matter with a close relative (she may have no mother).

Great emphasis has been put on health education in recent years, with the object of giving young people a wider knowledge of biological development and to show them how to achieve a better

quality of personal life. Lilia-White nurses, supervised by Sister Marion, are heavily booked throughout the year, lecturing to schools on hygiene, which thoroughly explains the proper use of sanpro.

These occasions give time for questions and it becomes obvious that there is still considerable embarrassment with some girls who feel they cannot discuss menstruation at home. With earlier maturity and the incidence of sexual activity at a younger age, a discussion on sanitary protection invariably leads into question on sexual relations.

The lectures include the use of two Lilia-White films—"On becoming a woman" and "And now you are a woman". The first one features a 12 year old girl who has just started her periods and the effect this has on her

life. The second one is for the benefit of the older girl, reaching maturity and questioning whether she should use tampons as do most of her friends. These films are available on free loan from Random Film Library Ltd, 25 The Burroughs, Hendon, London NW4.

Free booklets are also available from Lilia-White, one on "What's all this about growing up?" and one on Lil-lets.

The Lilia-White nurses give an average of 2,800 lectures in a year, attended by some 200,000 schoolgirls. While these efforts are made to reach as many young people as possible—thus scotching the myths still existing concerning the "monthly miseries" and making women well adjusted to the normality of female bodily functions—in 1976 nearly 6,000 letters were received by Sister Marion. Quoted here is an extract from a recent letter: "Is it alright to wash your hair during the first three days of a period. I have long hair and it gets very greasy, but my Mum says I should not wash my hair until after the third day because she says it can make the blood rush to your head and upset your periods".

Lilia-White believe that any advice and help that can be given to banish the harmful and cramping effects of thoughts like this is an invaluable service to the community. Education, advice and sympathy—all are readily available from Sister Marion.

### Sanpro review

*Continued from p499*

per cent of the looped towel market through chemists is running a "Win with Wogan" consumer promotion offering prizes to the value of £18,000—five competitions between January and the end of October are linked with the disc jockey Terry Wogan. Panty Pads has followed up a successful 7p off next purchase with an offer of free bangles for two pack fonts.

Lilia, claimed number two in the looped towel market with a 14 per cent share has a consumer offer relating to its value for money profile. Consumers are offered a "Purse full of value" containing vouchers worth over £21 for part redemption against a wide range of goods. The company's brands are said to account for half the sanpro sales.

### Robinson's activity

Robinsons of Chesterfield are planning a number of promotional activities to support their three main sanpro products. For the Mene range of non-soluble loop towels, Robinsons are arranging tailor-made promotions through chemist wholesalers. Later in the year new packaging for Mene size 1 and 2 packs is planned with merchandising support.

An extensive campaign concentrating on "below-the-line" activity such as pricing promotions is planned to stimulate sales of the press-on towel, Pantie towels by Nikini. The campaign is based on regional tailor-made promotions in conjunction with major customers and chemist wholesalers to meet their individual needs. Every month until the end of the year one chemist wholesaler or customer in the UK will be running a Pantie Towels by Nikini promotion, vary-

ing with each region. Robinsons believe the advantage of this type of programme is its flexibility.

To broaden the appeal of Nikini pads and briefs, Robinsons are planning a national Press advertising campaign in leading magazines and specialist Press from April to December. The campaign is geared towards three types of women: Young mothers, after the birth of their first child, whose menstrual needs may change and who are looking for greater security; young women who are not satisfied with press-on towels; and women who find tampons are not sufficient for their requirements. In the second half of the year, there will be new display material and price promotion will aim to stimulate sampling and trial purchasing.

Ray Cooke-Thomas, marketing manager, commented: "The pad and garment sector of the market is still holding steady and has done so for five years, which proves there is a consumer need. Nikini pads are still maintaining popularity with young girls, and we believe there is still more potential and are confident that our new advertising campaign will attract more users and so develop this area of the sanpro market."

To create greater awareness with first users, Robinsons are launching their feminine hygiene educational programme in the middle of the year. An educational kit, incorporating a film strip and leaflets, will be available to health education officers, teachers and health visitors involved in educating young girls on the subject of menstruation. In early summer Robinsons are planning to launch the Nikini advisory service of informative leaflets which will be promoted through an extensive public relations programme. The leaflets will be available direct from the company.

# Complexion protection



Facts are facts. And there's no denying that Cidal's cleansing properties are tried and proven. You know it and more important, so do your customers.

As a weapon for hygiene, Irgasan medication puts Cidal in the fore-front. Within four days' normal use, the skin is cleared of virtually all bacteria. And as a soap, Cidal is gentle, producing a soft, rich lather with a light, new fragrance.

Facts are facts.

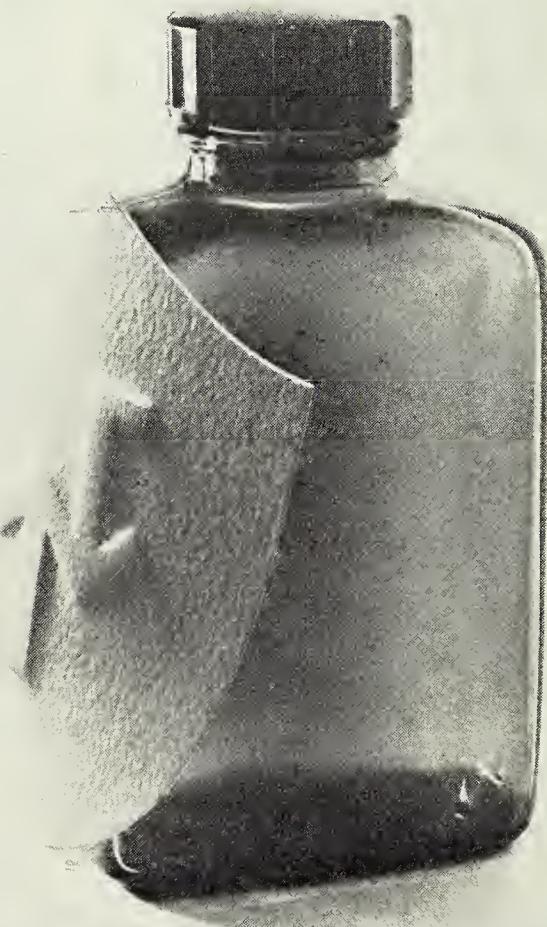
To help you we have planned an extensive national press and radio advertising campaign, and we are including a display box in each pack. Order yours now!



for young,  
healthy skins

Cidal Products, P.O. Box 4,  
Liverpool L36 6AE.

# Beatson Glass one of the great protectors



Wherever drugs and medicines are dispensed  
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for two centuries and today serve the pharmaceutical world  
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## PERSONAL HYGIENE

# The year of the roll-on?

In the personal deodorants sector, 1977 is promising to be the year of the roll-on. Already three manufacturers have added a roll-on formulation to their range, and another brand has been "improved".

The main reason seems to be consumer demand for economy. Roll-ons have a lower unit price—the average price of a roll-on last year was about £0.30 while that of an aerosol was nearer £0.50—and, penny for penny, roll-ons are generally considered to last longer. Aerosols still dominate the market, but the roll-on sector has grown rapidly during the past two years and, according to Bristol-Myers Co Ltd, increased in volume terms by over 24 per cent in 1976.

Elida Gibbs Ltd believe the return to the lower unit price roll-ons is depressing the market value as a whole; the substantial growth during the early 1970s slowed to about 10 per cent in 1976. Last year, they say, roll-ons accounted for about 25 per cent of the market by value (up from 20 per cent the year before), with aerosols about 70 per cent and sticks and creams accounting for the remainder. Although in unit terms roll-ons now sell just less than half the total number of aerosols, the company feels that with the strong long term growth of aerosols up to 1975—through their convenience and modernity—this sector is unlikely to reduce much below 68 or 69 per cent even in the short term.

This optimism that aerosols will ultimately hold their own is reflected in the attitude of Gillette Industries Ltd who are "always keeping market trends under observation" yet have no plans at present to introduce a roll-on presentation of Right Guard. The company says aerosols are growing in popularity at a rate of about 6 per cent per year in unit sales.

### New fragrance

Colgate-Palmolive Ltd, who introduced a roll-on presentation of Soft & Gentle in January, put a value of £30m at rsp on the total market, with the roll-on sector worth £7.5m. The company is to spend £500,000 advertising Soft & Gentle on television, with one campaign between April 18-May 22 and another from June 20-July 24 in all areas. Press advertising continues until May 20 with another campaign between June 14-September 30. A new rose pink fragrance aerosol is being launched nationally this month.

In sterling terms, Sure claims brand leadership with about 13.5 per cent share and Bristol-Myers claim 10.3 per cent for Mum. In unit terms Mum claims brand leadership and its relaunch in January 1976 helped it to achieve a 15 per cent volume share.

Sure introduced an "improved" roll-on

in January, with a 1in roll ball replacing the traditional  $\frac{3}{4}$ in size. The product will be backed by full colour advertisements in all the leading women's magazines beginning in April. Three new variations of the "girl in a jungle" television campaign are being screened nationally and total advertising support for the brand this year will be around £645,000. Three Wishes will continue to be supported particularly "below the line".

### Norsca in Yorkshire

Norsca is a new range to be test marketed by Elida Gibbs, in the Yorkshire Television area mid-April. The range comprises soap (two sizes), foam bath (two sizes) and an antiperspirant aerosol (150g.). Its concept can be summed up by "Scandinavian freshness" which is said to appeal strongly to both sexes. Posters will be used as advertising support in addition to the 30 second television commercial.

Carter-Wallace Ltd are advertising the launch of the Arrid roll-on in national women's magazines starting in May and consumers will be offered a free 30ml refill with a 30ml roll-on. The repackaged Arrid cream will also be advertised at this time in national women's magazines.

The recent introduction of a Body Mist roll-on was the second phase of the Body Mist relaunch. Explaining the rationale behind the relaunch, Mr Roger Blaney, Beecham Proprietaries deodorants marketing manager, told C&D that consumer



research revealed dissatisfaction with antiperspirant packaging, many women thinking that a lot of aerosols looked too much like each other or even too much like air fresheners or furniture sprays! "Our key woman user of today sees herself as independently female, rather than ultra-feminine, and research proved overwhelmingly that the packs she would most like to buy would be sophisticated, elegant and simple, rather than fussy and frivolous." Hence the introduction of the mink brown packs for the brand. A growing preference for more subtle anti-perspirant perfumes also emerged so the existing perfumes were made fresher and lighter and the variant Breakaway added to appeal to the young.

A substantial television campaign, worth at least £450,000, will break in April and "below-the-line" support will make the total relaunch support budget almost £900,000.

### Different functions

Gillette Industries Ltd claim that Right Guard is now the chemist outlet brand leader in aerosol deodorants, accounting for 21 per cent of the volume during the peak of the 1976 season. The introduction of Right Guard double protection did not harm sales of the two original variants, according to John Atkinson, toiletries brands supervisor, largely because each variant has a different function. Double protection gained new users of the brand, particularly women who were more aware of clothes staining problems. Gillette, who are planning to invest £300,000 in support of Right Guard this year, believe their product's "family" image has helped to encourage deodorant usage in men.

Beecham, makers of Falcon, claim that the market for male deodorants is a fast growing one in which product usage grew from 49 per cent in 1970 to 65 per cent in 1975.

A "money-off" offer now running for Day-long gives the customer reductions of at least 8p on the 42cc size, 7p on the 42cc refill, and 6p on the 28cc size. Reckitt Toiletry Products believe that these considerable price savings will encourage many people to try the product for the first time. Later in the spring there will be consumer advertising and promotion which will develop the theme of all day freshness for active people.



Johnson Wax Ltd are spending about £360,000 on television advertising of Us antiperspirants this year and a campaign is scheduled for late April; 50 per cent extra is offered free with the roller

# Professional News

Pharmaceutical Society of Ireland

## Good progress with transfer to Trinity College

Tributes to all those concerned with the transfer of pharmaceutical education to Trinity College, Dublin, (C&D, February 26, p263) were made at last month's PSI Council meeting, by the president, Mr M. F. Walsh. "Many matters of detail had to be ironed out before October 1," he said, and he was confident that people concerned in the discussions would finish their work within the agreed time scale.

Mr Walsh said that credit was due to past presidents, including Mr T. R. Miller, who had started the negotiations, and the late Mr Donal Kennelly; Mr R. J. Power and Mr R. J. Semple, who had continued the good work; Dr W. E. Boles, who had handled the negotiations through the most difficult situations and who has been ably assisted by Professor Timoney. He thanked the academic staff who had given tremendous help over the years in question and all present and past Councillors involved in the proceedings, including the former registrar, Mr J. G. Coleman. Mr Walsh concluded by saying that the final stages of the negotiations had placed a tremendous strain on the registrar and secretary Mr M. J. Cahill.

The president said he had received a letter from Dr Thomas Murphy, president of University College, Dublin, stating that he and his colleagues were pleased to know that arrangements for the transfer to TCD had progressed satisfactorily in accordance with the Government's decision.

### Review of funds

The registrar and secretary was directed to thank the Minister for Finance for the contents of a letter received from his private secretary: "You will be aware of the Minister's announcement in the Budget that additional funds including an additional allocation for capital expenditure on educational buildings and construction would be made available as a special employment creating package contingent upon ratification of proposals for a new national pay agreement.

The Minister understands from his colleague, the Minister for Education, that in the light of the possible additional funds the content of the Department of Education capital programme will be subject to review, and the question of providing funds for the college of pharmacy project will be reviewed when the allocation of the additional capital is being considered."

Satisfaction was expressed at a communication from the Higher Education Authority regarding the multi-purpose laboratory extension which read: "We are expecting in the next few days to receive notification from the Department of Education that our capital grant for 1977 is to be increased. The Authority is aware of the position and has looked forward to effecting early approval for the commence-

ment of work on the multi-purpose laboratory extension. I will have the drawings examined here and, of course, will be happy to arrange an informal discussion with you at an early date."

Mr J. P. O'Donnell congratulated the president on his own special efforts in correlating the events which led to the final agreement with Trinity College.

The draft of a Guide to Good Pharmaceutical Practice, prepared by the practice of pharmacy committee, was adopted. It was agreed that the document would be issued to members as guidelines and in a suitable folder, to which other regulations and Council memoranda could be added from time to time.

### EEC developments

Mr R. J. Power, Ireland's EEC Groupement representative reviewed its progress. He said they had entered the EEC in January 1973 when there were no fewer than seven draft Directives affecting the practice of pharmacy. Hospital pharmacy had not been considered at that time. Due to three new countries joining EEC, the draft Directives were to be reconsidered, certain principles being "shelved". At that stage, representatives were advised by one of the Commission's representatives to go home and influence their governments' thinking on the principles embodied in the draft Directives.

As a result, the Joint EEC Committee came into being at the end of 1973, calling together all facets of pharmacy in Ireland. In February, 1974, the Joint Committee met Mr Dick Barry, secretary to the Minister for Health, who suggested that documents be forwarded by the participating parties. That was done. At two successful Congresses the issue was referred to by Mr Cornish, Minister for Health, and at the Killarney Congress he mentioned that the Department, after studying the documents, were presenting a discussion document dealing with all the principles involved. Since October, the Committee has met the Department fortnightly. The main topic discussed was the role and responsibilities of the pharmacist. Activities in community pharmacy were governed by the Pharmacy Acts 1875-1962 which represented minimum legal requirements for the conduct of a pharmaceutical practice. They had reached advanced levels of consensus in these discussions Mr Power said.

Any changes implemented would not pose any major controversy within the profession and he believed they could do nothing but enhance the status of the profession and gain a better understanding by doctors, public, and the Department. Many things envisaged would definitely benefit the public because they were aiming for a high standard pharmaceutical

service to be available where it was needed, he said.

Other items dealt with by Mr Power were a report dealing with certain aspects of wholesale dealing, at the request of Mr McElroy, chairman of the industrial section of the Irish Pharmaceutical Union, and the Hospital Pharmacists' Association's discussions with the Department. Even though there were many areas of common interest, it was decided that the hospital pharmacists should continue with their negotiations independent of any other group. The main reason was that they were dealing with special elements, such as grading and career structure. Their report was expected in about six months.

Mr Walsh said that Council agreed with suggestions from the Irish Medical Association that pharmacists should supply 5ml spoons in all cases where a doctor ordered liquid medicines and where a 5ml or 10ml dose was specified. The Council had recommended that before, but was informed that the supply situation was poor. It was now satisfied that ample supplies of 5ml spoons were readily available.

The registrar and secretary, Mr Cahill, reported that elections to Health Boards would take place before June 30, 1977. Anyone who wished to be nominated or to vote should apply on the appropriate registration form to the returning officer of the Health Board area in which he practised. Forms may be obtained by telephone or writing to the relevant Health Board during normal office hours, and should be returned by April 15.

In addition to the president, the following were nominated to the Joint Committee with overall responsibility for the 1977 Congress: Miss T. Landers, Dr P. M. Deasy, Messrs M. J. Shannon, R. J. Power and T. R. Miller.

The Senate returning officer has written to the Society confirming that he has granted approval to the Irish Federation of University Teachers for its inclusion on the Cultural and Educational Panel.

A report from a special Fellowship Committee was adopted. Draft regulations incorporating the recommendations of the committee will be submitted to the Minister for Health.

Mr Michael B. Waters, LPSI was restored to the Register, the licence certificate of Gerardine Sheehan was signed and sealed and Helen M. Corish was elected as a member of the Society. The secretary and registrar reported with regret the deaths of Edward P. Kenny, MPSI, George Roberts, MPSI, Lewis V. Wilson, LPSI and Patrick O'Hara, Registered Druggist.

### Pesticide names

The following common names for pesticides have been approved by British Standards Institution technical committee PCC/1 for eventual inclusion in BS 1831: amiprofos-methyl (*O*-methyl *O*-2-nitro-*p*-tolyl isopropylphosphor = amidothioate); diamidafos (phenyl *NN'*-dimethyl = phosphorodiamidate); epofenonane 6,7-epoxy-3-ethyl-7-methylnonyl 4-ethyl = phenyl ether); pyridate (6-chloro-3-phenyl = pyridazin-4-yl *S*-octyl thiocarbonate); thiobencarb (*S*-4-chlorobenzyl diethylthiocarbamate); thiocyclam (*NN*-dimethyl-1,2,3-trithian-5-ylamine).

# THE INTER-DENS TOOTHBRUSH WILL REACH ALL THE RIGHT PLACES



Dentists are now being told in their professional press of this new Inter-dens development designed with them in mind.

Over 2.75 million major purchasing housewives will see the launch of this quality toothbrush advertised in **Good Housekeeping**, **She**, **Cosmopolitan**, **Family Circle**, **Living** and **Ideal Home**.

The popularity and effectiveness of Inter-dens Gum Massage Sticks are well known. So now with the advice of members of the dental profession comes the newly designed Inter-dens Toothbrush angled to match dental instrumentation.

The compact head with resilient round ended filaments gives the proper cleaning action, reaching all the back and inner tooth surfaces. The balanced handle gives a firm grip to allow thorough cleaning whilst stimulating the gums.

You can recommend the Inter-dens Toothbrush with confidence. Available from your usual wholesalers, or see your Nicholas salesman and ask him for the promotional display material and leaflets. See how Inter-dens sales will bring a smile to your face.

## INTER-DENS

**for people who really care for their teeth**

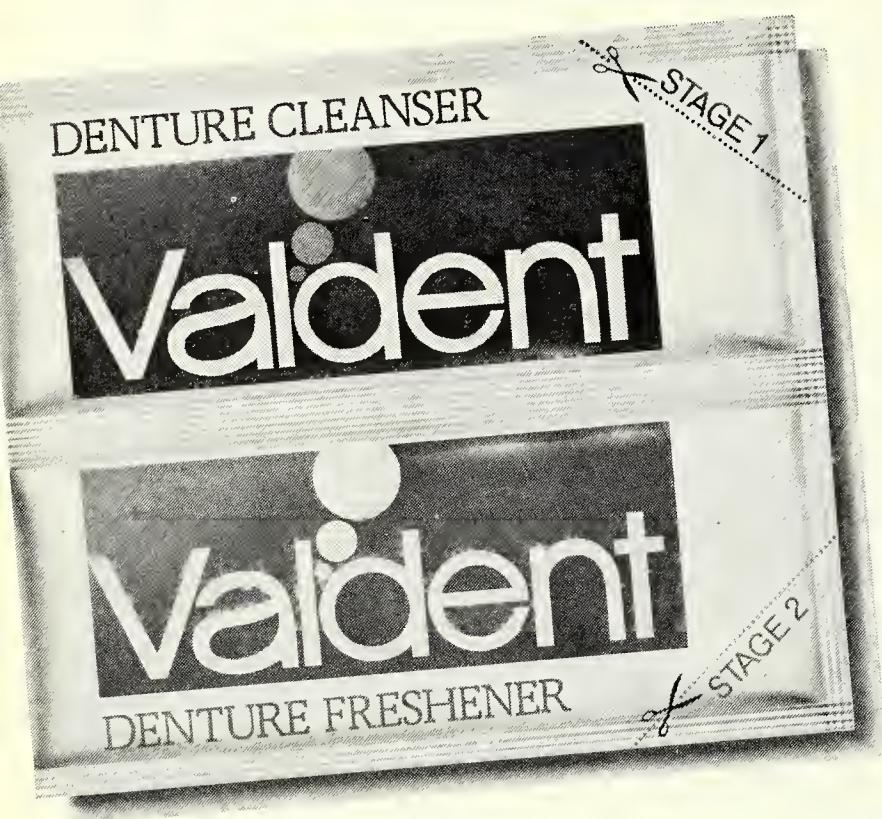
Nicholas

Inter-dens products for oral hygiene.  
Nicholas Laboratories Ltd.,  
225 Bath Road, Slough, SL1 4AU.

'Inter-dens' is a trade mark.

1163

# The Professional.



## Exclusive Chemist Distribution

Valdent is to be distributed exclusively through chemists. The Valdent system can be obtained through your usual wholesaler, or Vestric whose representatives will be supplying further information. Backed by you and the dentist, Valdent is the professional denture cleanser you can confidently recommend to your customers.

## Introduced after successful dentist trials

Valdent is a new two stage powder treatment for the effective removal of calculus (tartar) and heavy stains from dentures. Added to water, stage 1 provides a low pH steamer and stage 2 provides neutralising and freshening ingredients.

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NEW

PSNI annual dinner

# Tribute to Mr Lewis and new Fellows

At the Pharmaceutical Society of Northern Ireland's annual dinner held in Dunadry Inn on March 16, the president, Mr J. Chambers, presented Mr D. F. Lewis, OBE, FPS, with his honorary membership certificate and Messrs H. G. Campbell, JP, N. C. Cooper, MSc and J. Paul with fellowship certificates. Welcoming the guests, Mr Chambers called upon the professions in the National Health Service to co-operate together instead of criticising each other. As had been said by the secretary of the British Medical Association, if they did not hang together they would hang individually.

Presenting the certificates, the president said "the highest honour the Council can bestow on anyone who is not a member of the Society is to elect him or her to be an honorary member". Only seven persons had been so honoured in the 51 years of the Society's history; it is not lightly given. The Council had been unanimous and indeed enthusiastic that the name of Mr Lewis be added to the list of honorary members.

#### Skilled administrator

Mr Lewis was a skilled administrator, Mr Chambers said. "His position gives him considerable authority and influence but these he has used for the good of pharmacy. He is also possessed of an abundance of tact and charm." Without the help and assistance so readily given by him and his colleagues I doubt whether we would today have our department of pharmacy in the Queen's University of Belfast. The abolition of the Northern Ireland Parliament and the application of Westminster legislation to Ulster, together with the establishment of the Commonwealth Pharmaceutical Association and of the EEC Pharmacy Group, had created problems for Northern Ireland which could not have been resolved without the help and understanding of Mr Lewis."

Of Mr Campbell the president said he had qualified in 1936 and opened his own pharmacy in Ballymoney in 1938. Shortly after the war he became a member of the Executive Committee of the Ulster Chemists' Association and was elected its president in 1954. He is at present one of the Association's Trustees. In 1956 he was elected a member of the Council of the Society and became its president in the year 1958-59.

Despite an active participation in pharmaceutical affairs Mr Campbell still found time to devote to local matters. "One would think that with these commitments Mr Campbell would have had little time or any social life", the president said. In fact he and Mrs Campbell had been

staunch supporters of the Society's functions and regular attenders of the British Pharmaceutical Conference.

"There are few, if any, pharmacists who have had such a breadth of pharmaceutical experience as Norman Cooper", Mr Chambers said. After qualifying he gained valuable experience as a teacher, then worked in a hospital pharmacy and finally became a partner in a retail pharmacy.

He became a member of Council in 1959 and was president in 1963-64 and 1964-65. His particular interest in Council work lay in the field of pharmaceutical education.

Mr Paul served his apprenticeship under Mr J. E. Connor, a former president of the Society. He qualified in 1938, and purchased a pharmacy in Newry in 1942 where he continued in business until his premises were destroyed when terrorists attacked the Post Office next door.

He became a member of the Executive Committee of the Ulster Chemists' Association in 1956 and was elected president in 1962. Also in 1962 he was co-opted a member of the Society's Council and elected president in 1970. "This was a particularly difficult time for the president but Mr Paul won the confidence of every member by his fairmindedness and his willingness to hear every point of view," Mr Chambers said.

He became a member of Council in 1959 and was president in 1963-64 and 1964-65. His particular interest in Council work lay in the field of pharmaceutical education.

#### Strenuous task

In the course of his year as president he visited every branch of the Society. In one strenuous week he travelled to meetings in Londonderry, Coleraine and Belfast whilst still doing the normal days work in his pharmacy. His determination to carry out his duties involved him in dangerous situations and on one occasion he was attacked whilst returning home from a meeting of the Council. "Only the timely arrival of members of the security forces saved him from serious injury," Mr Chambers added.



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# Anaemia

by Professor Peter A. Parish, MD, FRCGP, professor of clinical pharmacy,  
School of Pharmacy, UWIST, Cardiff

Conditions in which circulating red blood cells (erythrocytes) are deficient in number or deficient in haemoglobin resulting in a deficient oxygen-carrying capacity of the blood.

Red blood cells are formed mainly in the bone marrow. The parent cells, erythroblasts (primitive red blood cells), require adequate supplies of vitamin B<sub>12</sub> and folic acid to mature into normoblasts, which then develop haemoglobin to become young red blood cells (reticulocytes). A blood count therefore gives an indication of the rate of new red cell production.

If vitamin B<sub>12</sub> or folic acid supplies are deficient the primitive cells fail to mature, even though haemoglobin develops in them. The blood film shows large, primitive cells—megaloblasts—which contain much haemoglobin (hyperchromic). Iron deficiency leads to shortage of Hb but does not interfere with maturation of the red cells. A blood film will show small (microcytic) pale (hypochromic) red cells.

Other elements needed for red cell development include thyroid hormone, vitamin C, copper and cobalt.

The life of each red cell in the circulation is about 120 days after which it is broken down mainly in the bone marrow, spleen and liver. The iron from the haemoglobin is recycled and the non-iron part of the breakdown forms the bile pigment, bilirubin, which is excreted by the liver into the bile system.

**Symptoms and signs:** Are common to all types of anaemia and are principally due to diminished oxygen-carrying capacity of the blood. They include tiredness, breath-

lessness on exertion, dizziness, headache, pallor (particularly mucous membranes and palms of hands), ankle swelling and palpitations.

**Causes** Deficiency in red cell production by the bone marrow—due to lack of iron (iron deficiency anaemia), lack of vitamin B<sub>12</sub> and/or folic acid because of gastrointestinal tract disorders (pernicious anaemia, sprue, steatorrhoea, after some surgical operations of the stomach and/or gut), poor diet (eg in vegetarians, in tropical nutritional macrocytic anaemia) and in macrocytic anaemia of pregnancy; lack of thyroxin in myxoedema and lack of vitamin C in scurvy; damage to the bone marrow (hypoplastic or aplastic anaemia) and invasion of the bone marrow as in Hodgkin's disease; and due to chronic disorders of the liver or kidneys, rheumatoid arthritis, chronic infections. Excessive loss of red cells—may be acute (eg haemorrhage) or chronic (eg bleeding from a peptic ulcer or heavy periods).

Excessive destruction of red cells (haemolysis)—due to congenital defects in the red cells (eg achloric jaundice, sickle cell anaemia) or due to haemolysins in the blood as in incompatible blood transfusions.

**Investigation** The normal red blood count used as a base line is 5 million RBC per cu mm and a haemoglobin value of 100 per cent at 14.8g per 100ml in males and less in females (range of Hb in men 13.5–18g, in women 11.5–16g). Normal haematocrit (packed red cell volume) is about 45ml per cent. The mean corpuscular volume (MCV) is 78–94 cu mm.

Red cells may vary in size (micro,

normo and macrocytes), and in colour (hypo, normo and hyperchromic). Iron deficiency anaemia shows as microcytosis and hypochromia. A mixture of cells of different sizes is called anisocytosis and different shapes poikilocytosis. New cells are called reticulocytes and normally form about 1.0 per cent of all cells—an increase indicates blood loss and a decrease indicates inadequate formation.

## Iron deficiency anaemia

The total body iron is kept fairly constant by an absorption block mechanism in the upper part of the small intestine so that just enough is absorbed to balance loss. The body's iron reserves are principally in the liver and can provide sufficient iron to replace the loss of up to three pints of blood. Most iron is recycled from broken down red cells without having to draw on the body store. Women lose much more iron than men because of menstruation, pregnancy and breast feeding.

**Causes** The most important cause of iron deficiency anaemia is moderate and prolonged loss of blood causing depletion of the body's store of iron. This occurs particularly in women due to heavy and/or prolonged periods. Other causes include deficiencies of iron in the diet, and decreased absorption of iron from the gut (eg after removal of part of the stomach or gut, coeliac disease, sprue, chronic diarrhoea, hookworm infections).

**Diagnosis** Usual signs of anaemia plus spoon-shaped nail (koilonychia) and a very smooth tongue. The mucous membrane of the throat may undergo changes leading to difficulty in swallowing. These signs together are called the Plummer-Vinson syndrome.

**Investigations** Low haemoglobin and MCH, microcytosis and hyperchromia, raised reticulocyte count (if above one per cent it indicates blood loss). A low fasting serum iron level and a low serum iron binding capacity.

**Treatment** Iron by mouth is usually appropriate. Ferrous iron is better absorbed than ferric. Oral iron may cause abdominal pain, constipation or diarrhoea,

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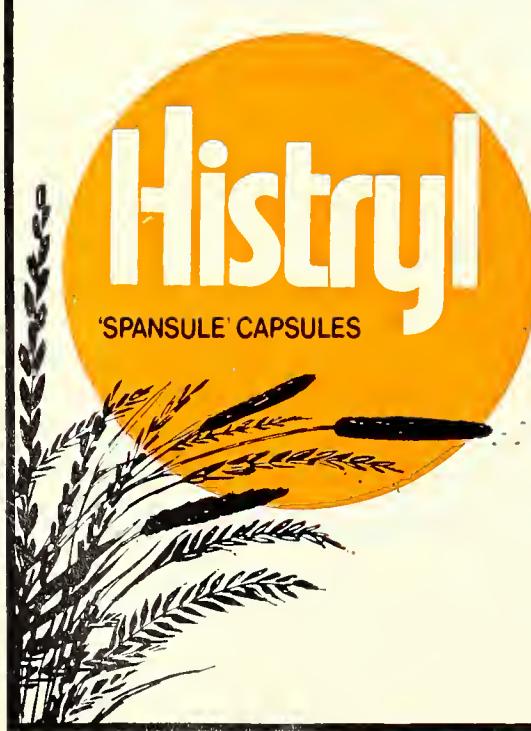
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which can be avoided by taking the iron with food but this reduces absorption. Nausea and epigastric pain appear to be dose-related symptoms and therefore slow release preparations may help. To replenish the body's store it is necessary to take iron daily for at least three months.

Iron preparations should provide at least 100mg of elemental iron daily and for this purpose ferrous sulphate tablets (200mg twice daily) or ferrous gluconate tablets (300mg twice daily) are adequate. **WARNING**—iron and folic acid combined should only be used as a prophylaxis in pregnancy and never used otherwise, particularly in people over 40 years of age in which neurological damage can be precipitated in undiagnosed pernicious anaemia.

Serious impairment of iron absorption or an urgent need to correct a deficiency of iron (as in late pregnancy) may require parenteral iron. There is a concise discussion of this in the current BNF (1976-78).

### Pernicious anaemia

A failure of the gastric mucosa to produce hydrochloric acid, pepsin and a special factor required for the absorption of vitamin B<sub>12</sub> from the diet. This failure, which develops in middle age, is probably of genetic origin.

**Signs and symptoms** Slow onset, progressive symptoms of anaemia, sore tongue, nerve damage in the spinal cord and peripheral nerves produces sensory changes and difficulty in walking; diarrhoea is common. The patient looks lemon-yellow and may have a red raw-looking and smooth tongue.

**Investigation** A blood count shows megaloblastic anaemia, which may be confirmed by bone marrow examination. Gastric analysis gives evidence of achlorhydria. Schilling's test is diagnostic—vitamin B<sub>12</sub> labelled with radioactive cobalt is given by mouth and within one hour 1,000mcg of ordinary vitamin B<sub>12</sub> is given by intramuscular injection. This dose floods the body and then any radio-labelled vitamin B<sub>12</sub> absorbed from the gut is measured in the urine. Patients with pernicious anaemia have such decreased absorption from the gut that their urine clearance is usually less than 10 per cent of the dose given. Another diagnostic test is the serum vitamin B<sub>12</sub> which normally is about 180 to 850pg/ml.

**Treatment** Vitamin B<sub>12</sub> by intramuscular injection, 100 to 1,000mcg daily until the blood count is normal and then a maintenance dose is worked out of about 100 to 1,000 mcg every two to four weeks for the rest of the patient's life.

### Other macrocytic anaemias

May be caused by lack of vitamin B<sub>12</sub> in the diet (eg in vegetarians) and in disorders of the gut (eg after total gastrectomy). In pregnancy, a folic acid deficiency may develop producing a macrocytic anaemia which responds to 10mg of folic acid daily. Some drugs can affect folic acid metabolism and cause a macrocytic anaemia, eg phenytoin and methotrexate.

### Haemolytic anaemia

Excessive red cell breakdown in the circulation leads to the signs and symptoms of anaemia plus jaundice (due to increased blood levels of bilirubin), increased excretion

of urobilinogen in the urine and faeces, gall stones, and an enlargement of the spleen. Tests show high reticulocyte counts and evidence of increased metabolism of bile.

**Causes** Haemolytic anaemia may be due to hereditary enzyme deficiencies which affect glucose metabolism in the red cells. For example, a deficiency of 2 glucose-6-phosphate dehydrogenase (G6PD) leads to a drug sensitive variety of haemolytic anaemia which affects about 10 per cent of American negroes and is also seen in people living around the Mediterranean basin. In these individuals haemolysis, jaundice and anaemia can be triggered off by certain drugs (oxidants) such as primaquine, aspirin, sulphonamides, nitrofurans, phenacetin, naphthalene, some vitamin K derivatives and fava beans. The episodes of haemolysis usually last about seven days whether the drug is stopped or not.

**Acholeptic jaundice** is an hereditary disorder characterised by small fragile red cells (spherocytes). Splenectomy in these individuals produces good results.

Other hereditary diseases which affect red cells result from abnormal haemoglobin development. These include sickle cell anaemia, a chronic haemolytic anaemia occurring almost exclusively in negroes and characterised by sickle-shaped red cells due to an abnormal haemoglobin. Patients present with the symptoms and signs of anaemia, thrombosis, joint pains, fever, punched-out ulcers on the ankles, and abdominal and nervous system symptoms. A large spleen and gall stones are common and because the bone marrow is overactive the bones take on characteristic shapes, long arms and legs, short trunk and a tower-shaped skull. Few patients

with sickle cell anaemia live beyond the age of 40 years. Treatment is purely symptomatic.

Other anaemias produced by hereditary development of abnormal haemoglobin include Cooley's anaemia (*thalassaeumia major*) which produces similar signs and symptoms to sickle cell anaemia and usually death in childhood and *thalassaeumia minor* which is usually symptomless and detected only by blood tests.

Haemolytic anaemias may also be produced by incompatible blood transfusions, various chemicals and drugs, snake and spider venoms, vegetable poisons (some mushrooms), infections (haemolytic streptococci), physical agents (burns) and secondary to other disorders (eg Hodgkin's disease).

### Aplastic anaemia

Produced by destruction of the red cell, white cell and platelet producing areas of the bone marrow. If the white cells only are affected then it is called agranulocytosis. It may be caused by chemical agents (benzene, inorganic arsenic), anti-cancer drugs (nitrogen mustard, methotrexate), ionising radiation, chloramphenicol, phenylbutazone, gold, certain sulphonamides, immunosuppressive drugs, and certain insecticides. Frequently, however, the cause is unknown—idiopathic.

**Clinical features** Failure to produce red cells leads to severe anaemia, reduction in the body's resistance to infection leading to ulcers of the throat and mouth, fever, and purpura.

**Treatment** Removal of cause, blood transfusions, antibiotics and oxymethalone by mouth; splenectomy may produce a cure and bone marrow transplants can be an effective measure.

## Aspartame to replace saccharin?

Following the recent doubts as to the safety of saccharin, G. D. Searle and Co have released information on aspartame, a possible sugar substitute that they are at present investigating.

Aspartame is a sweetener produced from two amino acids and is metabolised in the same way as amino acids which are present in everyday foods. It is 180 times sweeter than sugar, and therefore a small amount is needed to sweeten foods, resulting in a significant calorie reduction. An amount of aspartame equivalent in sweetness to one teaspoon of sugar provides about one tenth of a calorie as opposed to 18 calories with sugar. Aspartame has no bitter aftertaste.

The sweet property of aspartame was discovered by Searle twelve years ago. In 1974 the FDA approved its sale as a non-sugar sweetener in the US, but questions were raised regarding its metabolism. After further studies new data has been given to the FDA. In late 1975 the FDA stayed its approval to market aspartame, pending a review of the quality and appropriateness of animal studies. At the request of the FDA Searle have agreed to pay for an independent, objective scientific review of these studies but are unable to estimate when it will begin or be completed.

More than 170 animal and clinical

studies have been conducted on aspartame, making it perhaps the most intensely studied food additive. Searle says it has sufficient aspartame stocks to satisfy the health needs of those seriously threatened by a saccharin ban in the US and will be prepared to meet these priority demands if the project is cleared for sale by the Food and Drug Administration.

□ Senator Richard Schweiker has introduced a Bill into the US Congress that if passed would suspend the saccharin ban announced by the FDA recently (C&D, March 19, p362).

### Antioxidants in food

Proposals have been issued for new regulations to control the addition of antioxidants to food intended for human consumption. Some of the proposals are to retain unchanged the list of permitted antioxidants and their specifications of purity and extend the use of certain permitted antioxidants, within specified maximum levels, to vitamin A intended for use in food for babies and young children.

Copies from and comments to Food Additives Branch, Ministry of Agriculture, Fisheries and Food, Room 553, Great Westminster House, Horseferry Road, London SW1P 2AE.

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# Medicine chest sold for £270

The mahogany medicine chest c1865 illustrated belonged to Charles Longley, MPS, who was senior dispenser at Apothecaries Hall for over 40 years. The hinged lid opens to reveal 21 stoppered glass bottles. The drawer, which has a sunken brass handle, contains among other things a brass balance. The chest also has a brass flush carrying handle and is equipped with a booklet (dated 1864) giving a list of medicines. Although the contents of the scale drawer were not quite complete—no glass pestle and mortar nor spatula (bolus knife)—the chest sold at Sotheby's, Belgravia, for £270 plus the 10 per cent premium. The estimated price was £60 to £100. One of the stoppered bottles bore the label Chas Longley, MPS, 52 Ivanhoe Rd, Denmark Park, S.E.

Included in the same auction were eighteen microscopes, both English and German, the hammer price varying from £25 to £380. The late 18th century instrument was a C. Collins binocular with coarse focussing by rack and pinion and fine focussing by lever and screw. It was fitted with a revolving circular mechanical stage and was contained in a mahogany case with a box of slides, two eyepieces, three objectives and a bull's-eye condenser. This lot (no 16) fetched £360 plus 10 per cent premium. The estimate was £150 to £250.

At Sotheby's rooms in New Bond Street a sale of clocks and scientific instruments held on March 11 included two microscopes. The first lot 91 was a drum instrument focussing by means of a draw tube; it was contained in its original velvet lined box together with a number of wood mounted slides. This lot included an incomplete Culpeper-type microscope in a pyramid box; the whole realising £290 plus 10



per cent. The next lot (no 29) consisted of a mid-19th century Ross-type monocular microscope (illustrated) with rack and pinion focussing and fine focussing by a knurled screw on the barrel, it was fitted with a mechanical stage and a sub-stage. In the mahogany box were a number of accessories, objectives, eyepieces, a candle holder and a collection of glass slides (£480 plus 10 per cent). Sotheby's estimates for these lots were £150 to £250 and £300 to £500 respectively.

## Continental ceramics

Over fifty drug jars made a colourful display at Sotheby's sale of continental ceramics at the Bond Street auction rooms on March 22. Many foreign buyers were present and the bidding was brisk.

Lot 1, a pair of North Italian albarello, made £460, while lot 2 another albarello inscribed PIL: MASTICINE dated 1641, sold for £240. All three were 5in in height.

Lot 3, a Venetian syrup jar S. D. MENTA (h9in) dated 1578 realised £320. This jar, one of a set of eight, was formerly in the collection of the late Sir William Pope of Cambridge. It was decorated in blue on a berettino ground—a leaf design in blue on a pale-grey blue ground. This type of foliage with leaves painted in blue partly light and partly dark is peculiar to Venetian maiolica.

Lot 4, a Faenza jar with spout and handle (see illustration), was painted in a rich blue and yellow (h9in) ROB: MORI Rob of Mulberries (a rob is a thick fruit juice). It made £700.

Lot 5, a Venetian water bottle (h9in) AQ: EVFRAGIE painted in blue, 16th century, fetched £260.

Lot 6 was a large water bottle AQ: SAMBVCI (£100).

Lot 7, a North Italian albarello of dumb-bell form dated 1637 (h7in), sold for £300. This was painted in blue and ochre yellow with the inscription VNG: ROSATO in manganese.

Lots 8 and 9, both North Italian jars h7½-in) were sold for £520 and £190 respectively. Lot 9 was labelled SYR.D. QUINQUE: RADIC (syrup of five roots). Lot 10, an unlabelled Montelupo albarello, £260. Lot 12, a Dutch Delft drug jar cylindrical shape C.ABSINTH: VULG, £170.

Lot 13, a pair of Spanish (or Portuguese?) albarello decorated in blue with scroll-work labels set diagonally R.PIREL and S.CUSCUT (dodder) (h9in) made £240. Lot 14, two Spanish albarello (h8in and 9in £280).

Lot 15 was a Venetian albarello of dumb-bell shape painted in blue with a

Top picture, lot 34; below, lot 4

coat of arms in yellow and green on a foliate berettino ground (h8½in) 16th century, £700. Lot 16, a Deruta albarello in blue with a foliate wreath in yellow, DI-PRVNIS NO:S (h8½in) 16th century, £420.

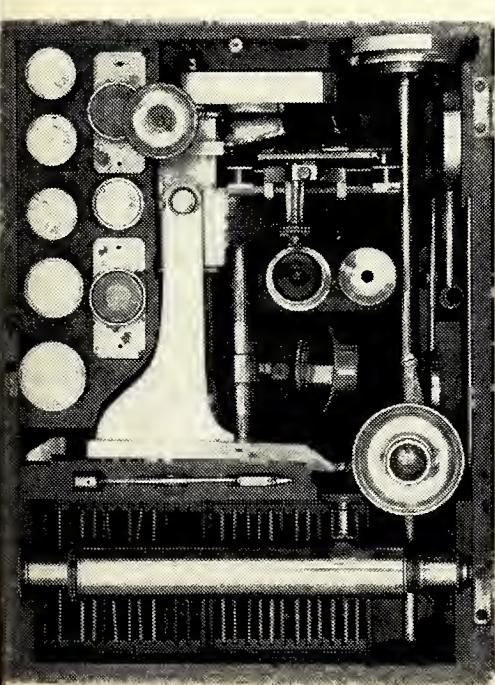
Lot 17, a North Italian albarello, ELL: DI:DIASCR:DI:FC: (h6½in) £300—electuary of diascordium according to Fracastorius. Lot 18, a Venetian drug jar of similar decoration to lot 3 A.DE FVMOTERRA (h7in) £340.

Lot 34, the albarello illustrated above, have the characteristic decoration of the artist potters of Castelli-Biblical scenes or subjects painted in dark brown with a dull olive green (h8½in); they made £780.

## Suffolk garden excursion

The British Society for the History of Pharmacy has organised an excursion to the garden of Miss Mea Allan at Walberswick, Suffolk, on June 18 to celebrate the Society's tenth anniversary.

Miss Allan will give a short talk. It is proposed to go by coach with a picking-up point near the Embankment underground station at 10 am, another in North London, stopping for lunch in Colchester and reaching the garden at 2.30 pm (fee £2.65). The return journey would not start later than 6 pm. Applications by April 23 to Mrs L. Cameron, 36 York Place, Edinburgh EH1 3HU.



# Letters

## Topical steroid misuse

We have been interested to see your articles and correspondence on the use of topical steroids in skin conditions and feel that it might be useful for your readers to see the problem from the patient's point of view.

As almost all our members are either eczema sufferers or those who take care of them, we have ample opportunity to see the many advantages of topical steroids in treatment—and the disadvantages. There is much vague talk of the "misuse" of these products by the patient and how, if correctly prescribed and applied, they can be effective without any damaging side effects. Yet how can the patient be expected to use them correctly if, as is often the case, he is never told?

For instance, the next issue of the National Eczema Society's quarterly magazine *Exchange*, tells the experience of an adult who for 16 years was using a strong steroid twice daily on her hand and for ten years of this period was wearing plastic gloves over the steroid at night. This was with the knowledge and blessing of

her doctor who regularly gave repeat prescriptions without seeing her.

We realise that there are difficulties in conveying "correct use". A long string of possible side effects may simply scare people off using topical steroids altogether and use will vary according to condition anyway. Even phrases such as "apply strong steroids sparingly and intermittently for short periods" may not help. What is sparingly and what is a short period? And how does the patient recognise whether a steroid is strong or weak? One tube looks very like another. Yet since most of the day-to-day care of the eczema patient is carried out in the home, it is vitally important that this should be done correctly.

Our society is aiming to ease the dilemma in two ways. First, with co-operation from many in the medical profession, we aim to educate the patient so that he will know the correct use of steroids. We now have over thirty local branches and most are having talks and discussions on various aspects of management, with visits from specialists, general practitioners, pharmacologists and manufacturers to explain treatments. *Exchange* has the same purpose, and the next issue also lists the various topical steroids in order of strength.

Second, we should like to see manufacturers of these preparations include some form of instruction for use on tubes, outer packing and enclosed leaflets. For example, on the strongest it would seem necessary to warn against use on the face or on young babies. In the same way it

would be most useful if some guide could be given on a reasonable amount to use over a specified amount of time. At the very least it should be explained that the preparation should be applied thinly, since unfortunately "as prescribed" can mean nothing to the patient.

Even aspirins and cough medicines are not marketed without detailed instructions on use. Surely when dealing with something as potent and widely used as topical steroids, the same should apply. Should any of your readers be interested to hear more about the National Eczema Society and its work and aims we shall be happy to send free copies of our literature in return for a stamped, addressed envelope to the secretary, 27 Doyle Gardens, London NW10 3DB.

**Christine Orton**  
Information Officer  
National Eczema Society

## The 'non-transferable' vote

Whenever I am asked to judge a beauty competition or horse-show, I invariably place my selections in order of merit—first, second, third, and so on. But when taking part in the Society's Council elections, I prefer to give an equal vote to each of the seven "best" candidates (though, in a poor vintage year, I may bestow my favours on fewer than seven).

I give some considerable thought to my selection procedure (some years I ponder too long and miss the last day for posting!) and try to pick a team, composed

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mainly of those whose actions, arguments and intentions I most agree with, but including, maybe, one who has supported a worthy minority interest (e.g. rural pharmacy), maybe one who I have met or heard speak and who seems to have all his marbles intact.

The point is that, if I feel inclined to support seven candidates for seven vacancies, it is surely quite logical, reasonable, fair and democratic that I am allowed seven votes—without being classed as an old-fashioned fuddy-duddy.

Supporters of "STV" could, by blinding us with science, have got away with their propaganda that this new method is in some way superior and the greatest invention since sliced bread, had not the Council published the full results of last year's election and thus blown the gaff.

To any pharmacist who didn't study the results and commentary with his eyes shut, it was obvious that the term STV was a misnomer, for 50 per cent of the voters did not have a single-transferable-vote. They had a single non-transferable vote! The 5,044 who gave first preference to Owen, Stevens, Kerr, Myers, Balmford, Sharpe or Hitchings did not have even a fraction of their vote transferred. For them, only the first vote counted . . . the rest was rubbish. And the 23 per cent who, inspired by the "cult of the personality", gave first preference to the president, had less than half a vote transferred.

Perhaps somebody else has pointed out these (and other) flaws in the STV legend. However, I have not noticed anything about it in the pharmaceutical Press.

**Raymond Hutchinson**  
Harrow Weald, Middlesex

## A pharmacist's 'oath'

At times the suggestion is made that pharmacy would be more professional and carry more prestige, if there were an oath. I have no wish to cause controversy, but thought colleagues might be interested in the "Pharmacist's oath" given in the Sri Lanka pharmaceutical journal, *The Pharmacist*, which I came across there recently:

I swear to do all I can to protect and improve the physical well-being of society, holding the health and safety of my community above all other considerations. I shall uphold the laws and standards governing my profession avoiding all forms of misrepresentation, and I shall safeguard the distribution of medicinal and potent substances.

"Knowledge gained about patients I shall hold in confidence and never divulge unless compelled to do so by law.

"I shall strive to perfect and enlarge my knowledge the better to contribute to the advancement of pharmacy and the public health.

"I furthermore promise to maintain my honour and credit on all transactions and my conduct never to bring discredit to myself or my profession, nor to do anything to diminish the trust reposed in my professional brethren.

"May I prosper and live long in favour as I keep and hold to this my oath, but should I violate these sacred promises may the reverse be my lot".

**Mervyn Madge**  
Plymouth

# Company News

## Glaxo report continued growth in demand

Sales of Glaxo Holdings in the last half of 1976 were £237.1m (£190m in the last six months of 1975) and the pre-tax profit was £39.25m (£28.1m). Demand for the company's products has continued to increase and sales excluding wholesaling rose about 26 per cent to £185.6m. Exports increased 22 per cent to £53m.

Bulk sales of penicillins was an important factor in the increased turnover, and good results were achieved by the group's foodstuffs sector. Cephalosporins continued to be a growth area, and the anti-asthmatic drugs Beclotide and Ventolin have become highly profitable in the UK. The company anticipates that new products such as the anti-hypertensive Tranilate recently launched in the UK will make a major contribution to future growth.

## Booker McConnell optimistic for future

Pre-tax profit of Booker McConnell Ltd, whose subsidiaries include Kingswood (Chemists) Ltd, amounted to £14.94m in 1976 compared with £16.13m in 1975 including the subsidiaries in Guyana which were taken over by the Guyana Government in May 1976, or £13.53m excluding the Guyana companies. Commenting on the results, the chairman, Sir George Bishop, said that 70 per cent of the profit came from UK companies, whereas two years ago 43 per cent of profit was earned by the Guyana companies.

Turning to future prospects, he said: "This year has begun well. The board believes that Booker McConnell should earn a substantial increase in profit this year. We have adequate resources available for further expansion."

## Huddersfield wholesaler celebrates 100 years

The Huddersfield firm of Henry Sykes & Son (Chemists) Ltd, pharmaceutical wholesalers is 100 years old this year. The firm is to hold a centenary dinner for all employees on April 30, and will supply each customer with a commemorative tankard.

The business was founded as a retail pharmacy in Wakefield Road, Huddersfield, by the late Henry Sykes, who soon saw the possibilities of wholesaling and opened a warehouse in Pack Horse Yard. From a modest beginning in virtually one room, the business grew until in 1959 a move was made to larger premises at 77 Fitzwilliam Street. Number 79 was taken over a year later. Business still increased and in 1972 a move was made to the present 20,000 sq ft warehouse at Waterloo Bridge Works, Waterloo, Huddersfield,

when the firm was acquired by Hills Pharmaceuticals Ltd, Burnley.

Meanwhile Henry Sykes had been joined in 1910 by his son Richard who, on his father's death ran the business as sole proprietor until 1942 when it was formed into a limited company and the late Gerald Greenwood became a director. In 1952 Richard Sykes died and two years later the shares were acquired by Malcolm Peel and the late Harold Smith who disposed of the retail interest retaining only the wholesale side of the business.

The company now has a work force of over 80, supplying over 200 chemist customers mainly in Yorkshire but also in Lancashire and Cheshire.

## Briefly

**Lofthouse Chemical Products Ltd** have changed the company name to Lofthouse of Fleetwood Ltd.

**Old Cross Pharmacy:** A group of seven pharmacists in the Ashton-under-Lyne area are opening a new pharmacy on May 2 at the following address: Old Cross Pharmacy, 13 St Michael Square, Ashton-under-Lyne, Lancashire (telephone 061-330 3917). The manager will be Mr S. Preston, MPS.

**J. D. Jenkins Ltd** have acquired the following three additional pharmacies:

T. B. Follows (Sittingbourne) Ltd, 63 High Street, Sittingbourne, Kent; T. B. Follows (Sittingbourne) Ltd, 2 Park Road, Sittingbourne, Kent; Follows & Hills Ltd, 16 Broadway, Sheerness, Kent. Existing management and staff will continue to operate the shops. J. D. Jenkins Ltd is a subsidiary of Salpharm Ltd.

# Appointments

**Bristol-Myers Co Ltd:** Mr Michael Shirley has been appointed general sales manager of the Clairol appliances division. He was previously national sales manager.

**Reckitt & Colman Ltd:** Mr James A. S. Cleminson, deputy chairman and chief executive, has been appointed chairman with effect from the conclusion of the annual meeting on May 20. He will continue as chief executive, a position he has held since 1973. The present chairman, Mr Arthur M. Mason, is to retire on May 20, but will become a non-executive director of the company.

**R. P. Scherer Ltd:** Mr Michael J. Fenner, BPharm, MPS, has been appointed production manager in succession to Mr Leslie R. Rolfe, FPS, who retires after 27 years with the company. Mr Fenner was previously with Boots.



Mr M. J. Fenner



Mr L. R. Rolfe

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# Market News

## Mercurials up again

London, April 5: For the third month in succession, mercurials have advanced in price; the ammoniated is now £7.48 kg, against £7.09 last month and the subchloride £7.82 (£7.35). The new rates for vitamins are given below. As announced in last week's report only those vitamins which are imported have changed on this occasion.

In spices, pepper and ginger continued their firm trend during the week but for the first time in many months cloves were easier. A number of aromatic seeds were firmer.

Active trading occurred in the essential oil sector after several weeks in the doldrums. Prices, where changed, were all in an upward direction. There were no offers of Mysore sandalwood or of palmarosa in either position.

## Pharmaceutical chemicals

**Ascorbic acid:** (Per kg) £6.87 5-kg; £5.87; 25-kg £5.37 sodium ascorbate, as for the acid; coated, £7.07, £6.07, £5.57 respectively.  
**Biotin:** £6.78 g; 25-g lots £5.48 g.  
**Calciferol:** (Per kg) £44.90; 5-kg £43.90.  
**Carbon tetrachloride:** BP, 5-ton lots in largest drums, £235 per metric ton.  
**Carotene:** Suspension 10 per cent £30.51 kg; 5-kg £29.51 kg. Crystalline £168.68 and £167.68 respectively.  
**Dexpanthenol:** (Per kg) £11.46; 5-kg £10.46.  
**Folic acid:** (kg) £41.74, 5-kg £40.74; 25-kg £40.24.  
**Glucose:** (Per metric ton in 10-ton lots)—monohydrate £195; anhydrous £445; liquid 43° Baumé £200 (5-drum lots); naked 14-tonns £160 ton.  
**Mercurials:** Per kg in 50-kg icts; ammoniated £7.48; oxide-red £8.82 and yellow £8.54; perchloride £6.14; subchloride £7.82, iodide £8.10.  
**Mercury:** BPC redistilled £7.10 kg in 12½ kg lots.  
**Riboflavin:** (Per kg) £28.87; 5-kg lots £27.87; 25-kg £27.37; diposphate sodium £74.78.  
**Thiamine hydrochloride:** Per kg £15.47; 5-kg £14.47; 25-kg £13.97; mononitrate plus 30% per kg.  
**L-Thyroxine:** £1.70 per kg.  
**Tocopherol:** DL alpha £17.09 kg; 5-kg £16.09 kg.  
**Tocopherol acetate:** DL alpha (per kg) £15.18, 5-kg £14.18; Dry 25 per cent £14.78 and £13.78 respectively.  
**Vitamin A:** (Per kg) acetate powder 500,000 iu/g. £14.36; £13.36 in 5-kg lots. Palmitate, oil 1 miu £14.63; 5-kg £13.63. Water-miscible 100,000 iu per mm, 6-litre lots £4.80 litre.  
**Vitamin D2:** See calciferol.  
**Vitamin E:** See tocopherol acetate.

## Crude drugs

**Cinnamon:** (cif, Ceylon quills 4 0's) £0.72 lb.  
**Cloves:** Zanzibar £4,000 metric ton, cif.  
**Ginger:** (ton, cif) Cochin £1,300. Jamaican (spot) £1,500 nominal. Indonesian £1,000. Nigerian split £850 (spot); shipment £830, cif. peeled £1,050 nominal; Sierra Leone £1,125.  
**Honey:** (per metric ton in 6-cwt drums, ex-warehouse) Australian light amber £695; medium £668; Canadian £690; Mexican £642.  
**Menthyl:** (kg) Brazilian £10.25 spot; £10.00, cif. Chinese from £12.50 duty paid; £10.85, cif.  
**Pepper:** (ton) Sarawak black £1,655 spot; £1,545, cif. White, £1,830 spot; £1,720, cif.  
**Seeds:** (metric ton, cif) Anise: China star forward £725. Caraway: Dutch £970. Celery: Indian £580. Coriander: Moroccan £660; Indian £495. Cumin: Egyptian £515, Iranian £535. Dill: Indian £265. Fennel: Egyptian £230. Fenugreek: £150. Maw: £1,170.

## Essential and expressed oils

**Almond:** Sweet in drum lots £1.25 kg duty paid.  
**Camphor white:** £1.00 kg spot; £1.00, cif.  
**Caraway:** Imported £19.50 kg; English no supplies.  
**Cardamom:** English-distilled £250 kg nominal.  
**Cedarwood:** Chinese £1.20 kg spot; £1.35, cif.  
**Celery:** English £48.00 kg.

**Citronella:** Ceylon £1.20 kg spot; £1.24, cif. Chinese £2.25 spot and cif.  
**Eucalyptus:** Chinese £2.22 kg spot and cif.  
**Lavender spike:** £12.50 kg, cif.  
**Lemon:** Sicilian best grades about £12.50.  
**Patchouli:** £10.50 kg spot and cif.  
**Pepper:** English-distilled ex-black £91.00 kg.  
**Petitgrain:** Spot cleared, shipment £5.40 kg, cif.  
**Peppermint:** (kg) Arvensis—Brazilian £5.90 spot; £5.90, cif. Chinese £5.60; £5.65, cif. Piperata, American Far West about £24.50, cif.  
**Rosemary:** £5.80 kg spot  
**Sandalwood:** Mysore cleared; East Indian £105 kg spot.  
**Sassafras:** Chinese and Brazilian £2.20 kg spot.  
**Spearmint:** (kg) American Far West £15.50. Chinese spot £12.00 kg; shipment £12.00, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

## Coming events

### Monday, April 11

**Southampton Branch, Pharmaceutical Society,** Southampton General Hospital, postgraduate medical centre, Tremona Road, Southampton, at 7.30 pm. Annual meeting.

### Tuesday, April 12

**Galen Group,** Friends Meeting House, Park Lane, Croydon, at 8 pm. André Bernard on "Hair care and styling".

**Lanarkshire Branch, Pharmaceutical Society,** Strathclyde Hospital nurses recreation hall, Motherwell, at 7.30 pm. Annual meeting.

### Wednesday, April 13

**Bristol Branch, Pharmaceutical Society,** Bristol Royal Infirmary, lecture theatre, level 9, Bristol, at 7.30 pm. Symposium on "Drug promotion—in whose interest?". Speakers Dr C. Hawkins (consultant physician) and Dr Miriam Stoppard (Syntex Pharmaceuticals Ltd.).

### Thursday, April 14

**Ayrshire Branch, Pharmaceutical Society,** Savoy Park Hotel, Ayr, at 8 pm. Annual meeting and supper.

**Leeds Branch, Pharmaceutical Society,** Golden Lion Hotel at 8 pm. Annual meeting followed by discussion on single transferable voting system.

**London Branch, Guild of Hospital Pharmacists,** Wellcome Building auditorium, 183 Euston Road, London NW1, at 7.30 pm. Business meeting and forum on "Patient compliance—or why don't they keep on taking the tablets?"

**Society of Cosmetic Chemists,** Parkway Hotel, Otley Road, Lawnswood, Leeds 16, at 6.30 pm. Dr W. J. Cunliffe (Leeds Area Health Authority) on "Modern concepts of acne—a clinical and methodological study".

**Swindon Branch, Pharmaceutical Society,** Wyvern Theatre, Room 4, Swindon, at 8 pm. Speaker Mr J. P. Bannerman (president, Pharmaceutical Society).

### Friday, April 15

**Croydon Branch, Pharmaceutical Society,** Greyhound Hotel, Pound Street, Carshalton, at 7.15 pm. Working dinner with Dr D. H. Maddock (member, Pharmaceutical Society's Council) on "Matters of current interest in pharmacy".

## Advance information

**Apothecaries Faculty Lectures:** Osler lecture—Dr J. M. T. Ford on "The Tunbridge Wells—the rise and fall of spas", Apothecaries Hall, Blackfriars Lane, London EC4, April 28; at 5.30 pm.. Delaune lecture—Dr T. D. Whittet on "The clerks, bedels and chemical operators of the Society of Apothecaries", Apothecaries Hall, May 18; at 5.30 pm., Dr A. Hollman on "Plants and physic", Chelsea Physic Garden, Royal Hospital Road, London SW3, June 1, at 4 pm.

**Anglia Region, Pharmaceutical Society,** Regional conference, Sunday, June 19, at 10.30 am.

Maureen Tomison (Pharmaceutical Society's head of publicity) on "A new look at public relations from number one—Tetbury and after"; Margaret Steane (area pharmaceutical officer) on "The area pharmaceutical officer and the general practice pharmacist" (fee £2.00). Details from Allen Aldington, The Homestead, 14 The Green, Southgate, London N14 7EH.

**Intershop**, shop and display equipment exhibition, National Hall, Olympia, London, May 1-4.

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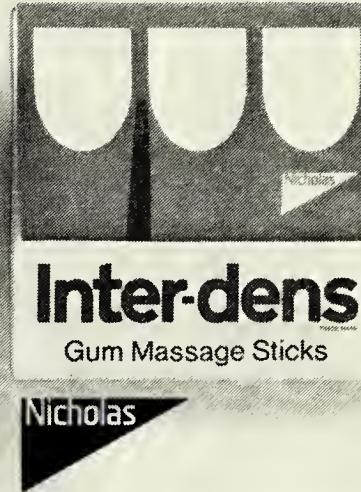


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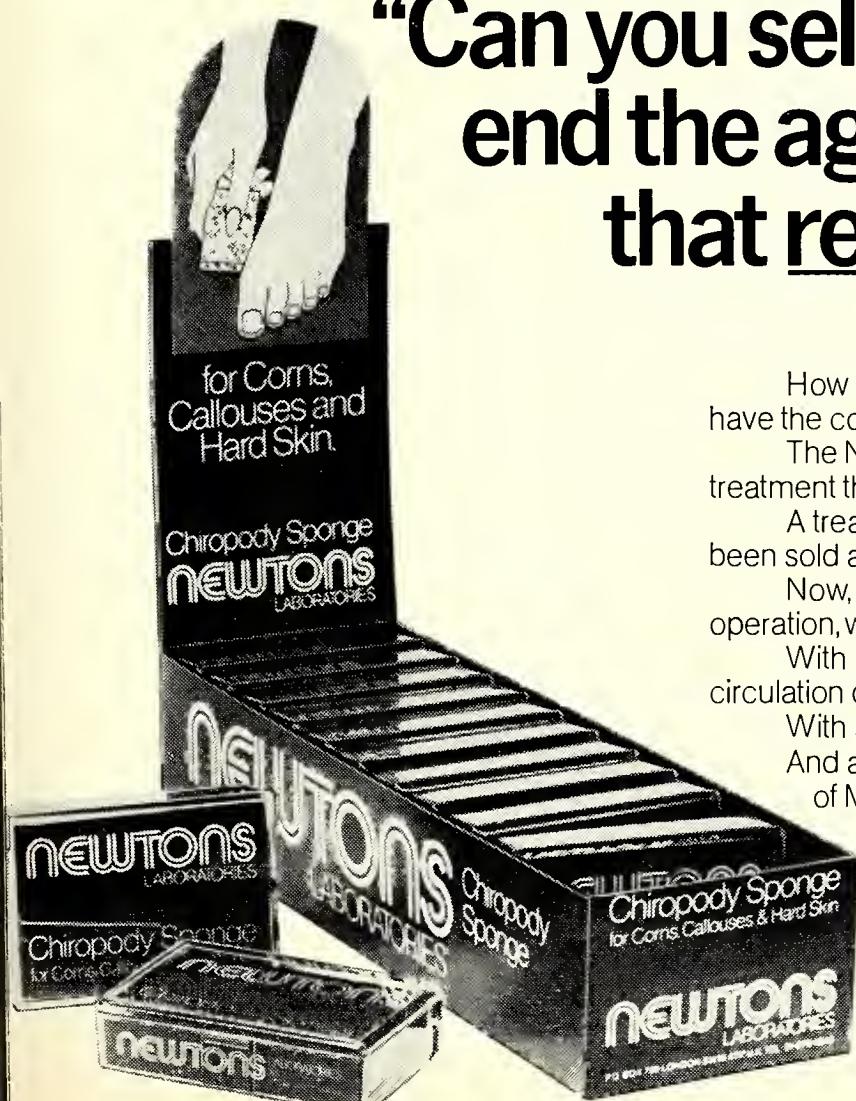
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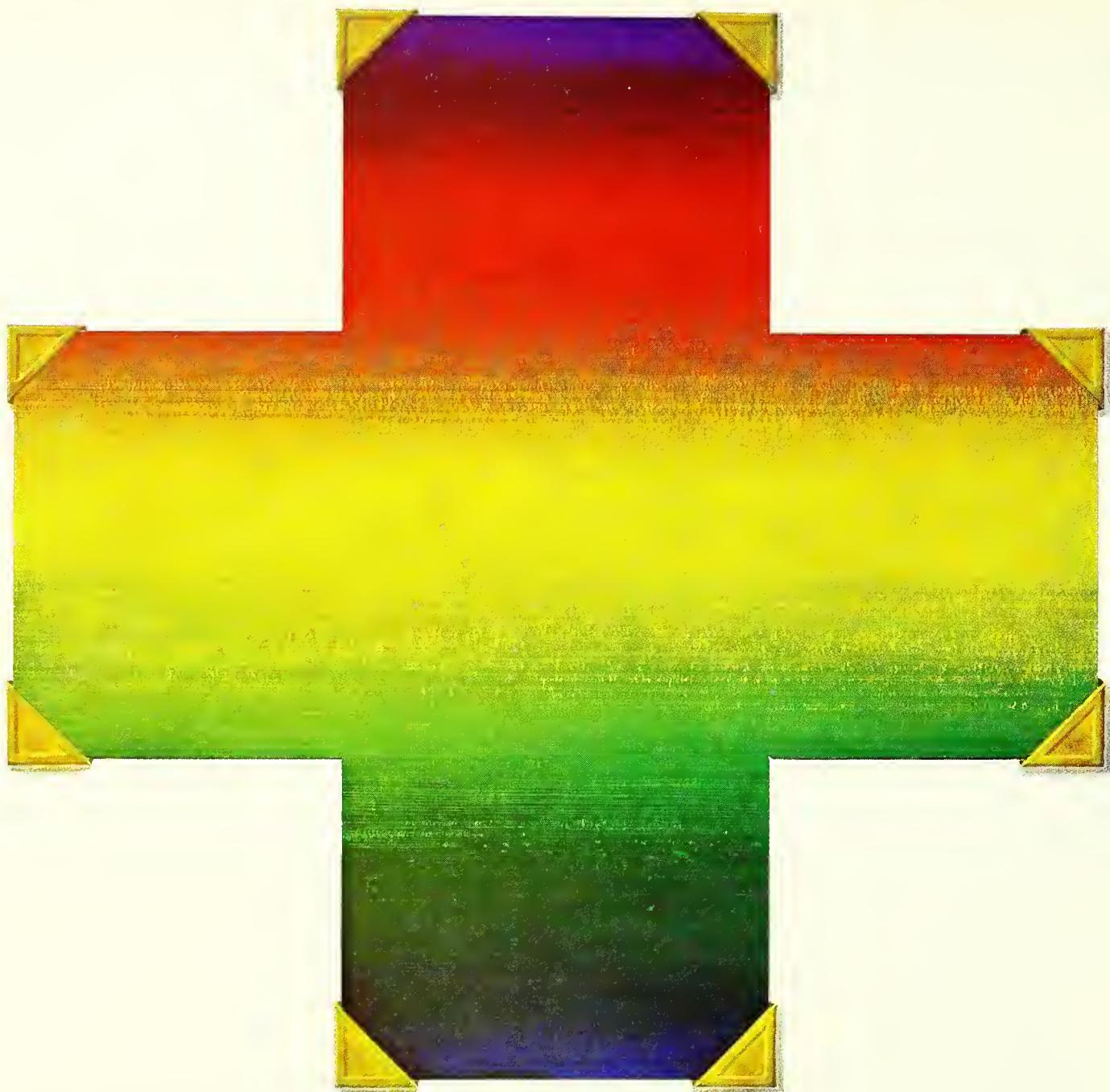
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